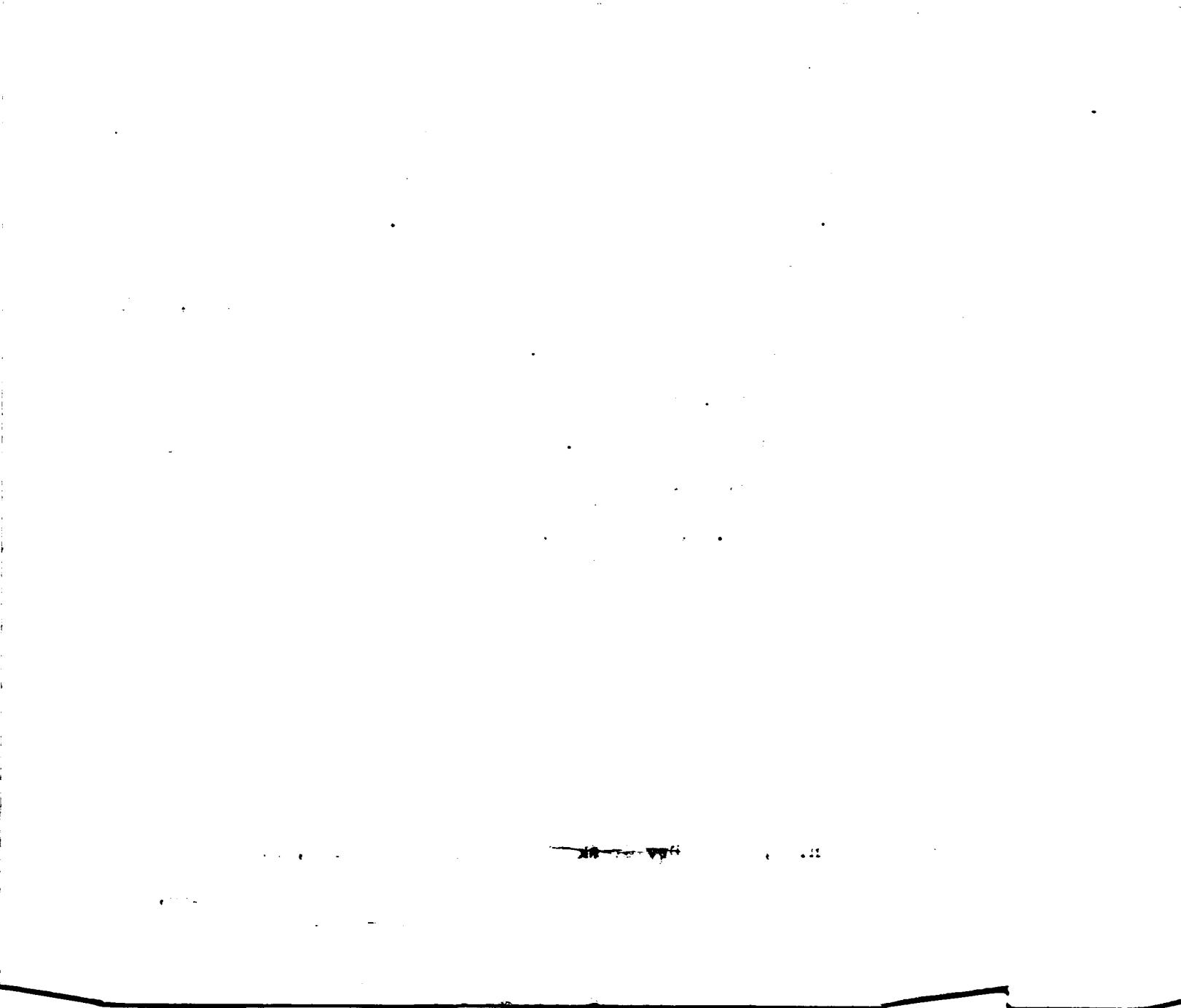


RECEIVED
CERTIFICATE OF STILLBIRTH
JAN 24 1951 State of IdahoState File No. 001Local Reg. No. 14Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>Rt. 3</u>			
3. CHILD'S NAME (Type or Print) <u>Forrest Wayne Rea</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan 15, 1951</u>		
7. FATHER'S NAME <u>Arland</u>	a. (First) <u>E.</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Rea</u>		
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Portland, Oregon</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Fruit farm</u>		
12. MOTHER'S MAIDEN NAME <u>Patricia</u>	a. (First) <u>L.</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Chaney</u>		
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>J.E. Rea</u>	18a. LENGTH OF PREG- NANCY <u>38</u> WEEKS			18b. WEIGHT AT BIRTH LBS. <u>0</u> OZS. <u>0</u>	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>July 1950</u>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None</u>			20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Diabetes mother</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>Caesas. delivery</u>			23a. ATTENDANT'S SIGNATURE <u>D. A. Rea</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>	(Specify if M.D., midwife, or other)			23b. DATE SIGNED <u>1-18-51</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 18, 1951</u>	25c. NAME OF CEMETERY OR CREMATORIAL <u>Bry. Creek Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>1-19-51</u>	REGISTRAR'S SIGNATURE <u>Maryle Palmer</u>	26. FUNERAL DIRECTOR <u>A. E. Alden</u>	ADDRESS <u>McBratney-Alden Chapel</u>		



FEB 6 1951 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS State of IdahoState File No. 002
Local Reg. No. 1
Reg. Dist. No. 300

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Adams	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Council	b. COUNTY	Adams
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Community Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Council
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
		CLARKE	DENNIS
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Jan. 6 1951
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
	GEORGE	HENRY	LUCKER
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
61 YEARS	St. Joe, Michigan	Butcher	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	PAULINE	FLORENCE	FRANKLIN
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
32 YEARS	Platte River, Missouri	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT		6	3
Pauline Lucker			c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8 mo. WEEKS	5 LBS. OZS.	Approximate date Dec. 8, 1950	
20a. FETAL CAUSES			
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			
20b. MATERNAL CAUSES			
Placenta Abruptio			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
Breech			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:42 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
		<i>John Lucker</i>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
burial		If NOT attended by physician	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) burial		25b. DATE	
		25c. NAME OF CEMETERY OR CREMATORIAL I.O.O.F. Cem.	
DATE REC'D BY LOCAL REG. 1-7-51		25d. LOCATION (City, town, or county) (State) Council, Adams Co. Idaho	
REGISTRAR'S SIGNATURE <i>John Lucker</i>		26. FUNERAL DIRECTOR ADDRESS George A. Lucker Council, Idaho	



JAN 24 1951 (1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

STATISTICAL

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 511

1. PLACE OF STILLBIRTH

a. COUNTY

Bannock

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Pocatello

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Bannock

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Pocatello

d. STREET
ADDRESS

(If rural, give location)

Route #2 North

3. CHILD'S NAME

(Type or Print)

Doris Virginia Miles

4. SEX

female

5a. THIS BIRTH

1ST

2ND

3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF
STILLBIRTH

(Month) (Day) (Year)

1 3 51

7. FATHER'S
NAME

a. (First)

George

b. (Middle)

Veral

c. (Last)

Miles

8. COLOR OR RACE

white

9. AGE (At time of this birth)

23 YEARS

10. BIRTHPLACE (State or foreign country)

Lava Hot Springs, Ida.

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

Ray Parks

12. MOTHER'S
MAIDEN
NAME

a. (First)

Doris

b. (Middle)

Dawn

c. (Last)

Grimm

13. COLOR OR RACE

white

14. AGE (At time of this birth)

19 YEARS

15. BIRTHPLACE (State or foreign country)

Bancroft, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Mrs. Doris Miles mother

1

0

0

18a. LENGTH OF PREG.

NANCY
32 WEEKS

18b. WEIGHT AT BIRTH

3 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

none noted.

Y 36.2

20b. MATERNAL CAUSES

Premature separation of placenta.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none.

22. STATE ALL OPERATIONS FOR DELIVERY

none.

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

IF NOT
attended by
physician

23b. DATE SIGNED

10 January 5-

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial Jan 7-51

25b. DATE

25c. NAME OF CEMETERY OR CREMATORIAL

25d. LOCATION (City, town, or county)

(State)

Lava Hot Springs Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

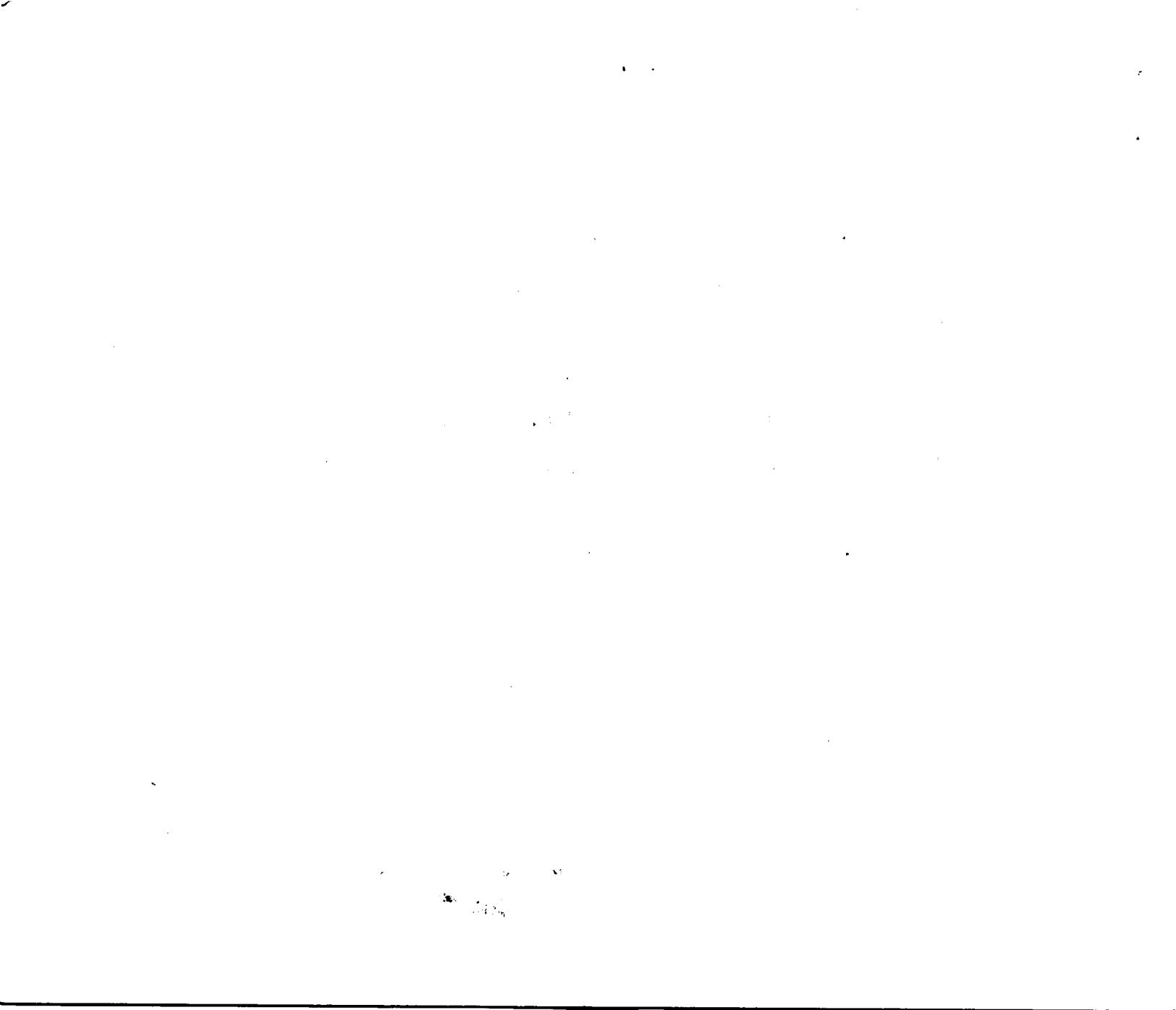
ADDRESS

1-33-51

Connie Lee Egley

Arthur Hall

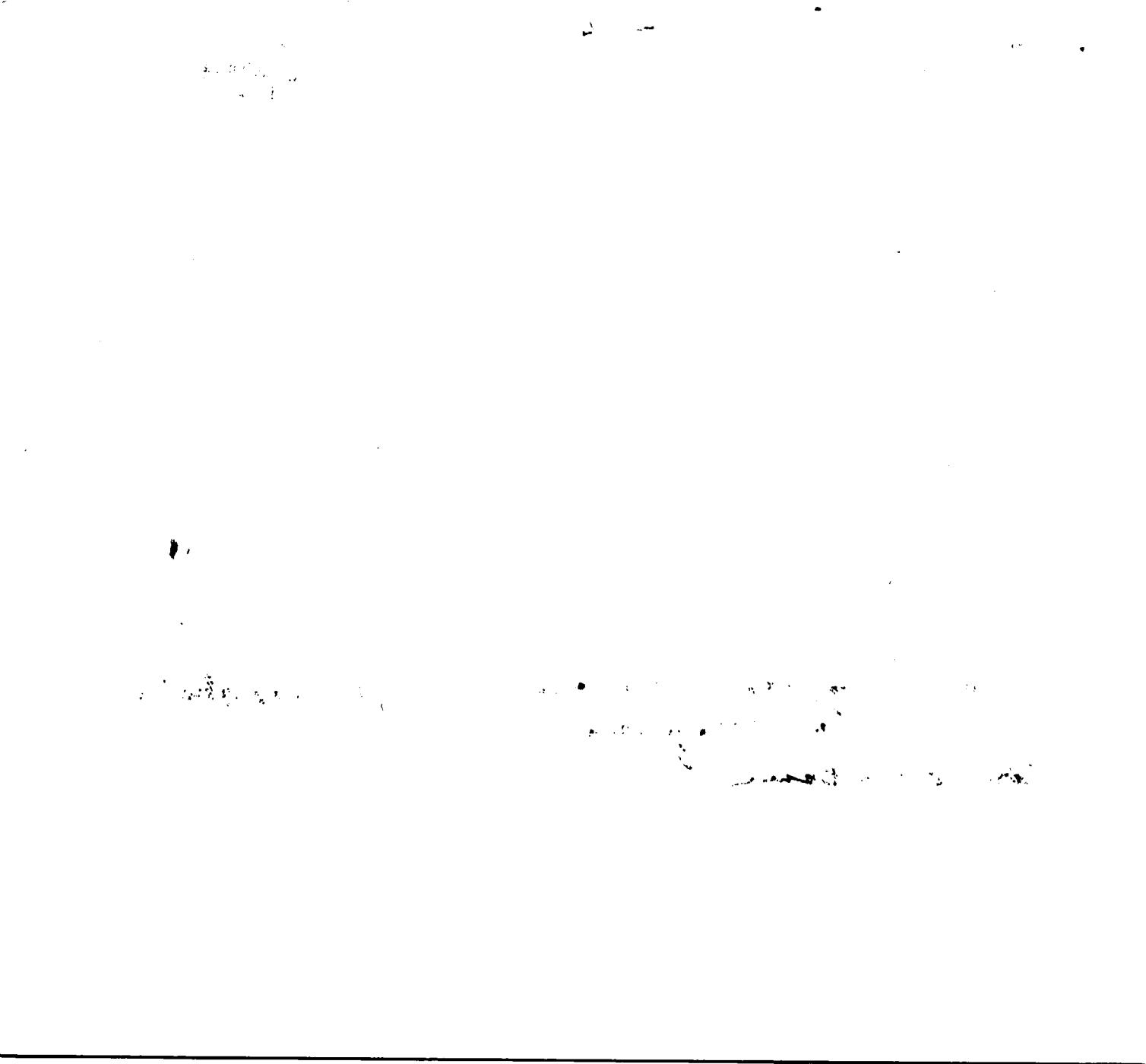
Pocatello



FEB 1 1951 (1949 Revision of Standard Certificate)
**DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS State of Idaho**

State File No.
 Local Reg. No.
 Reg. Dist. No.
23
510

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)				
a. COUNTY	Bannock	a. STATE	Idaho			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello	b. COUNTY	Bannock			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Anthony Mercy Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello			
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)				
Baby Girl Harker		223 North 15th.				
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1 17 51			
7. FATHER'S NAME	a. (First) Max	b. (Middle) Clinton	c. (Last) Harker			
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Jameston, Idaho	11a. USUAL OCCUPATION Lumber yard Mgr.	11b. KIND OF BUSINESS OR INDUSTRY Bistlines Lumber & Hdw.			
12. MOTHER'S MAIDEN NAME	a. (First) Adele	b. (Middle)	c. (Last) Thomas			
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Semaria, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. How many children are now living? 1</td> <td>b. How many children were born alive but are now dead? 0</td> <td>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1</td> </tr> </table>		a. How many children are now living? 1	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1
a. How many children are now living? 1	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1				
17. INFORMANT Max C. Harker	father					
18a. LENGTH OF PREG- NANCY 32 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 4 OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> y 39.2				
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES Hydrops Fetalis - Ergichoblastosis ICM negative				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none - as alone		22. STATE ALL OPERATIONS FOR DELIVERY none				
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE Galph B. Negaledin	(Specify M.D., midwife, or other)			
23b. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If not attended by physician	23c. DATE SIGNED 1-25-51			
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 1-30-51	REC'D/STAR'R'S SIGNATURE Bonnie Sue Egley	26. FUNERAL DIRECTOR	ADDRESS			



CERTIFICATE OF STILLBIRTH

N 26 1951

State of Idaho

State File No. 005

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH

a. COUNTY

Benewah

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN DeSmetc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION At home

3. CHILD'S NAME

(Type or Print)

Baby Girl Coffee

4. SEX

5a. THIS BIRTH

Female

SINGLE TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month) (Day) (Year)

Jan. 23, 1951

7. FATHER'S
NAME

a. (First)

Pat

b. (Middle)

c. (Last)

Coffee

8. COLOR OR RACE

Indian

9. AGE (At time of this birth)

29

YEARS

10. BIRTHPLACE (State or foreign country)

Alaska

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

Laborer

12. MOTHER'S
MAIDEN
NAME

a. (First)

Christine

b. (Middle)

c. (Last)

13. COLOR OR RACE

LaSarte

Indian

14. AGE (At time of this birth)

20

YEARS

15. BIRTHPLACE (State or foreign country)

DeSmet, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many chil-

dren are now living?

b. How many children were

born alive but are now dead?

c. How many OTHER

children were stillborn

(born dead after 20 weeks

pregnancy?)

17. INFORMANT

Mr. Pat Coffee

None

None

One

18a. LENGTH OF PREG-

NANCY
WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

**

No.....

y39.6

CAUSE OF STILLBIRTH

State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Undetermined.

20b. MATERNAL CAUSES

No apparent cause.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

(Specify if M. D., midwife, or other)

23a. ATTENDANT'S SIGNATURE

leto Abegglen

D.O.

23b. DATE SIGNED

1.23.1951

TITLE

23c. ATTENDANT'S ADDRESS

Tekoa, Washington

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

1/24/51

25c. NAME OF CEMETERY OR CREMATORIUM

Sacred Heart Mission

25d. LOCATION (City, town, or county)

DeSmet Idaho

(State)

DATE REC'D BY LOCAL REG.

1/24/51

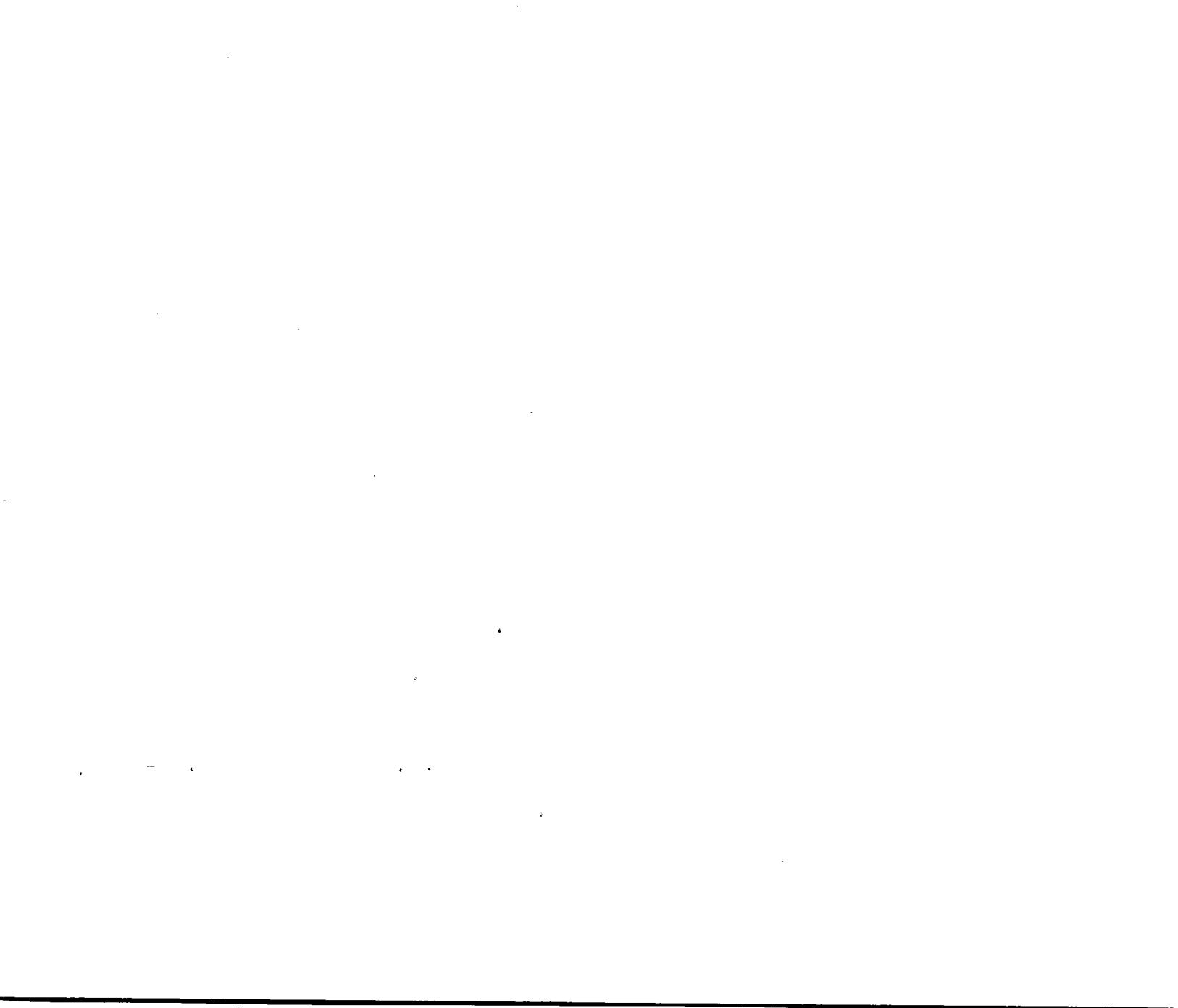
REGISTRAR'S SIGNATURE

John J. Brown,

26. FUNERAL DIRECTOR

Jack E. Kramer, Kramer, Inc.

ADDRESS



PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

FEB 13 1951

(1949 Revision of Standard Certificate)

DIVISION OF
CERTIFICATE OF STILLBIRTH

STATE OF IDAHO

State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH

a. COUNTY Bonneville

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Idaho Fallsc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Sacred Heart Hospital

3. CHILD'S NAME

(Type or Print)

MARYLIN

RUTH

TIPPETS

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month) (Day) (Year)

January 8, 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Thero

Eames

Tippets

8. COLOR OR RACE

White

9. AGE (At time of this birth)

39 YEARS

10. BIRTHPLACE (State or foreign country)

Preston, Idaho

11a. USUAL OCCUPATION

Manager

11b. KIND OF BUSINESS OR INDUSTRY

Safeway Store

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Ruth

Ida

Ruchti

13. COLOR OR RACE

White

14. AGE (At time of this birth)

36 YEARS

15. BIRTHPLACE (State or foreign country)

Ashton, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

1

0

0

17. INFORMANT

Mrs. Ruth Tippets, Mother

1

0

0

18a. LENGTH OF PREG-

NANCY
41 WEEKS

18b. WEIGHT AT BIRTH

6 LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes No
Approximate date July, 1950

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Prolapsed Cord

Y36.0

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Milton T. Rees M.D.

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

1-8-51

23c. ATTENDANT'S ADDRESS

Idaho Falls, Idaho

IF NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

1/7/51

25c. NAME OF CEMETERY OR CREMATORIAL

Rose Hill

25d. LOCATION (City, town, or county)

Idaho Falls, Idaho

(State)

DATE REC'D BY LOCAL

REG.

REG. REC'D BY LOCAL

REG.

Jan. 15, 1951

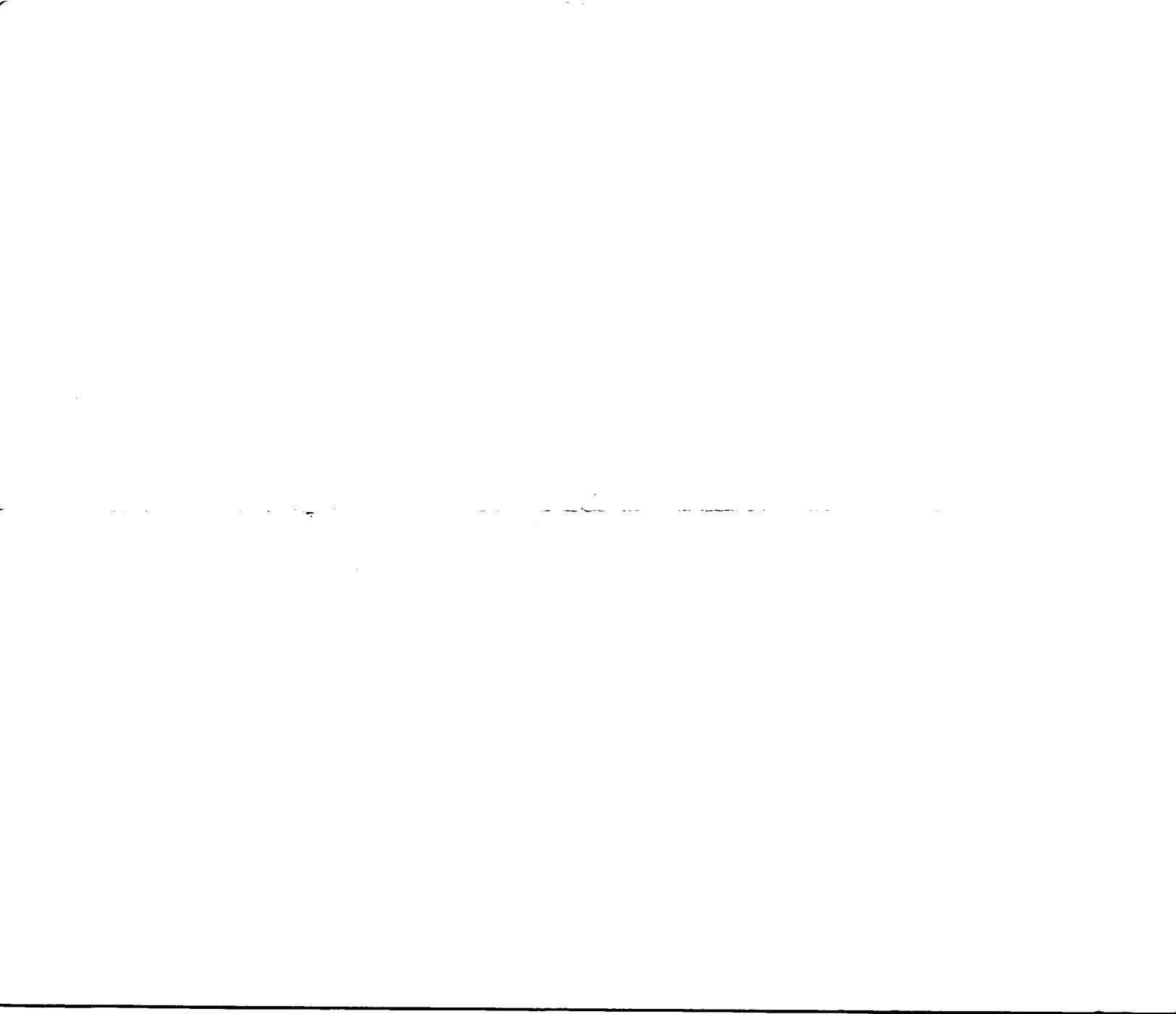
Lena Bridger

26. FUNERAL DIRECTOR

Jack G. Wood

ADDRESS

Idaho Falls, Idaho



JAN 18 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 279

Reg. Dist. No. 421

1. PLACE OF STILLBIRTH

a. COUNTY

Gooding

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Wendell

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Valentine's Hospital

3. CHILD'S NAME

(Type or Print)

THOMAS

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Elmore

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Glenns Ferry

d. STREET
ADDRESS

(If rural, give location)

4. SEX

5a. THIS BIRTH

Male

SINGLE TWIN TRIPLET 1ST 2ND 3RD

TRAVIS

6. DATE OF
STILLBIRTH(Month) (Day) (Year)
Jan. 1, 19517. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Raymond

Eugene

Travis

White

9. AGE (At time of this birth)

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

29 YEARS

Cortez, Colorado

Farming

Farm

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Frances

Wilma

McAnulty

White

14. AGE (At time of this birth)

15. BIRTHPLACE (State or foreign country)

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

22 YEARS

Glenns Ferry, Idaho

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

18a. LENGTH OF PREG-

NANCY

40 WEEKS

18b. WEIGHT AT BIRTH

5 LBS. 6 OZS.

Approximate date

2

0

0

Sept. 1950

19. Was a standard serological test for syphilis performed? Yes No

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Partial abruptio placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

abruptio placenta

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I

attended the birth of this

child who was born dead

on the date stated above

at 11:55 a.m.

Glenns Ferry, Idaho

23a. ATTENDANT'S SIGNATURE

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

Ward C. Parker M.D.

Jan 10, 1951

23c. ATTENDANT'S ADDRESS

If not attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-

TION, REMOVAL (Specify)

Burial

25b. DATE

Jan. 1, 1951

25c. NAME OF CEMETERY OR CREMATORI

Glenns Ferry

25d. LOCATION (City, town, or county)

(State)

Elmore County, Idaho

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

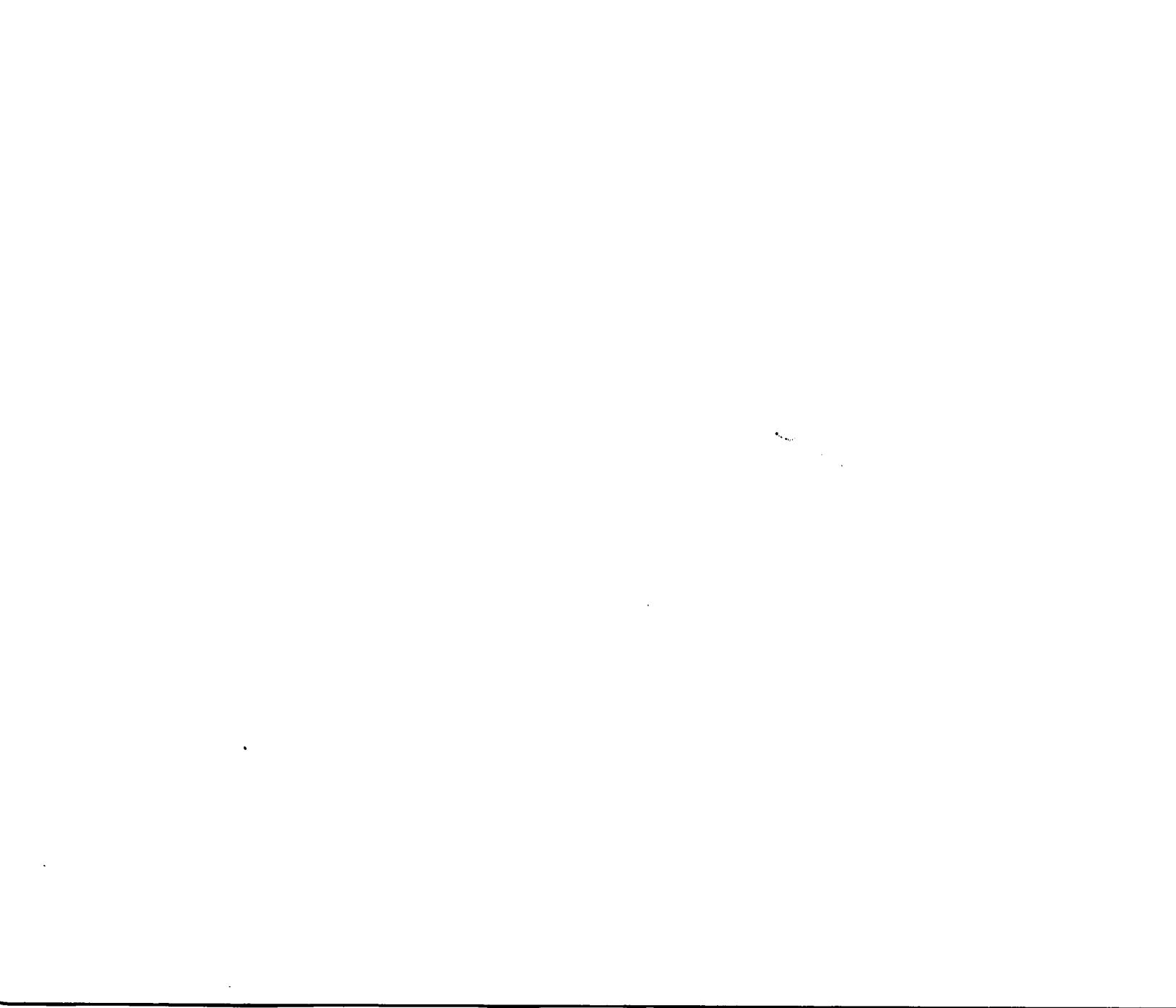
Jan. 11, 1951

Sister M. Rose, O.V.B.

26. FUNERAL DIRECTOR

ADDRESS

Raymond C. Morris



JAN 12 (1949 Revision of Standard Certificate)

DIVISION CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 260 (1097)

Reg. Dist. No. 421

1. PLACE OF STILLBIRTH

a. COUNTY Gooding

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Wendellc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION St Valentines

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho
b. COUNTY Jeromec. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Jeromed. STREET ADDRESS
(If rural, give location)

3. CHILD'S NAME

(Type or Print) Anna Marie Shurtz

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF STILLBIRTH

(Month) (Day) (Year)
January 2 1951

7. FATHER'S NAME

a. (First) Arnold

b. (Middle) Francis

c. (Last) Shurtz

8. COLOR OR RACE White

9. AGE (At time of this birth)

26 YEARS

10. BIRTHPLACE (State or foreign country)

Oregon

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First) Edna

b. (Middle) Elizabeth

c. (Last) Blunt

13. COLOR OR RACE White

14. AGE (At time of this birth)

25 YEARS

15. BIRTHPLACE (State or foreign country)

Jerome Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Arnold Francis Shurtz

none

one

18a. LENGTH OF PREGNANCY

Nancy

Term weeks

18b. WEIGHT AT BIRTH

LBS.

OZS.

Was a standard serological test for syphilis performed? Yes No

19. APPROXIMATE DATE

Approximate date

367

intertorial infection imposed on visiting from

Premature separation of placenta, super-

20a. FETAL CAUSES

State only morbid conditions

causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

None

20b. MATERNAL CAUSES

Premature separation of placenta, super-

cesarean for abruptio placae

cesarean

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

I hereby certify that

attended the birth of this

child who was born dead

on the date stated above

at

m.

22. STATE ALL OPERATIONS FOR DELIVERY

cesarean

for

removal

of fetus

from

uterus

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forceps

or

other

means

of delivery

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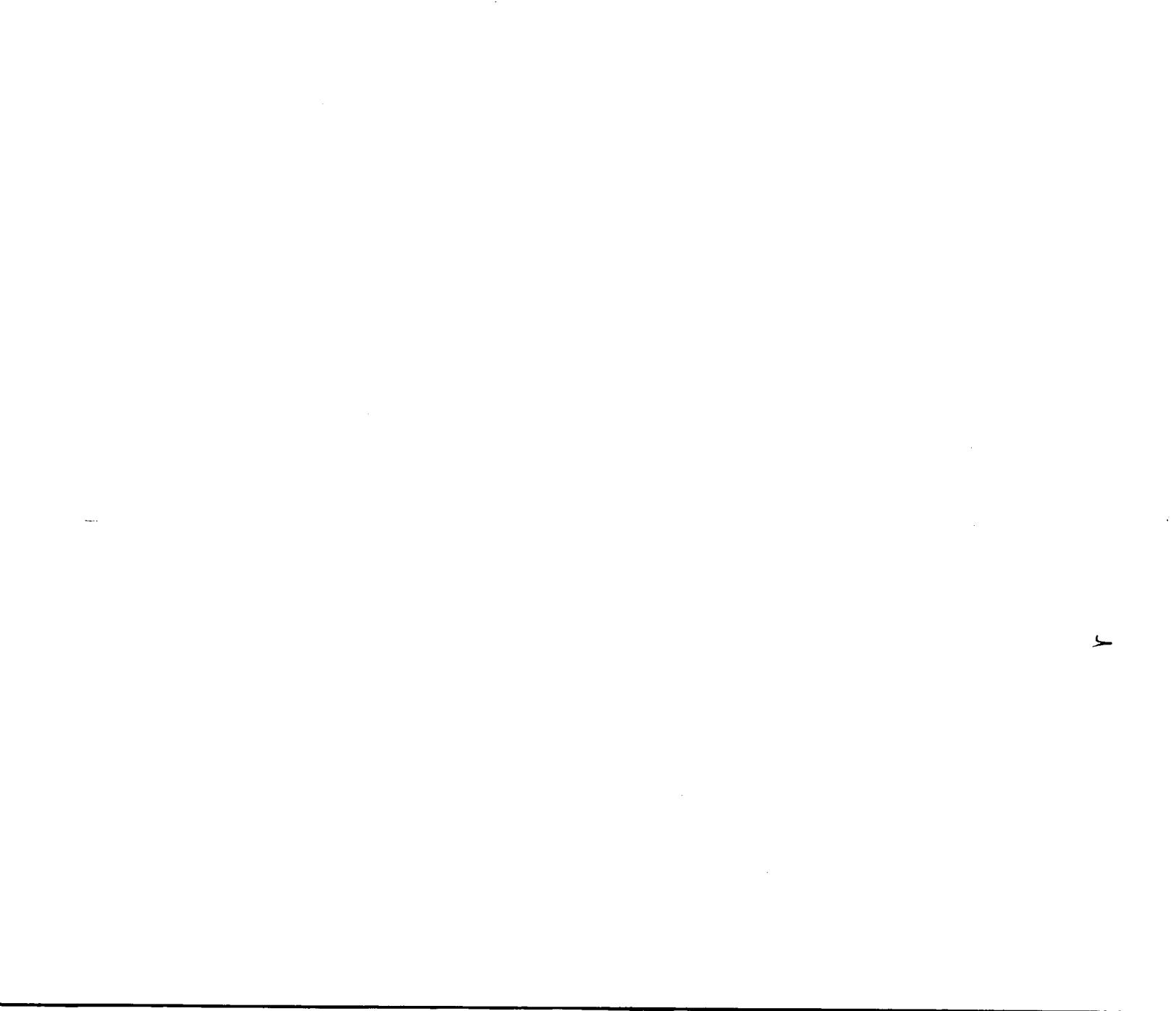
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of fetus



FEB 5 1951 (1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

STATES

State of Idaho

State File No. 009
Local Reg. No. /
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH

a. COUNTY KOOTENAI

b. CITY (If outside corporate limits, write RURAL and give township)
TOWN COEUR D'ALENEc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION LAKE CITY GENERAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE IDAHO

b. COUNTY KOOTENAI

c. CITY (If outside corporate limits, write RURAL and give township)
TOWN COEUR D'ALENE

d. STREET ADDRESS (If rural, give location)

LAKE CITY GENERAL

3. CHILD'S NAME

(Type or Print) LINDA LOUISE BARKER

4. SEX
FEMALE

5a. THIS BIRTH

 SINGLE TWIN TRIPLET 1ST 2ND 3RD6. DATE OF
STILLBIRTH

(Month) JAN. (Day) 26 (Year) 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

WHITE

JAN

BARKER

9. AGE (At time of this birth)
46 YEARS

10. BIRTHPLACE (State or foreign country)

BALCH LAKE IDAHO

11a. USUAL OCCUPATION

RANCHER

11b. KIND OF BUSINESS OR INDUSTRY

OWN

12. MOTHER'S
MAIDEN
NAMEa. (First)
LOUISE

b. (Middle)

c. (Last)
BOUCHARD13. COLOR OR RACE
WHITE14. AGE (At time of this birth)
40 YEARS

15. BIRTHPLACE (State or foreign country)

UNKNOWN CANADA

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?
THREEb. How many children were born alive but are now dead?
NONEc. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
NONE

17. INFORMANT

Jay Barker

18a. LENGTH OF PREGNANCY
NANCY WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes No
Approximate dateCAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

Multiple Congenital Malformation Y38.7

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

(Specify M.M.D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

IF NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)
BURIAL

25b. DATE

Jan. 27, 1951 FOREST CEMETERY

25c. NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)
COEUR D'ALENE IDAHODATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

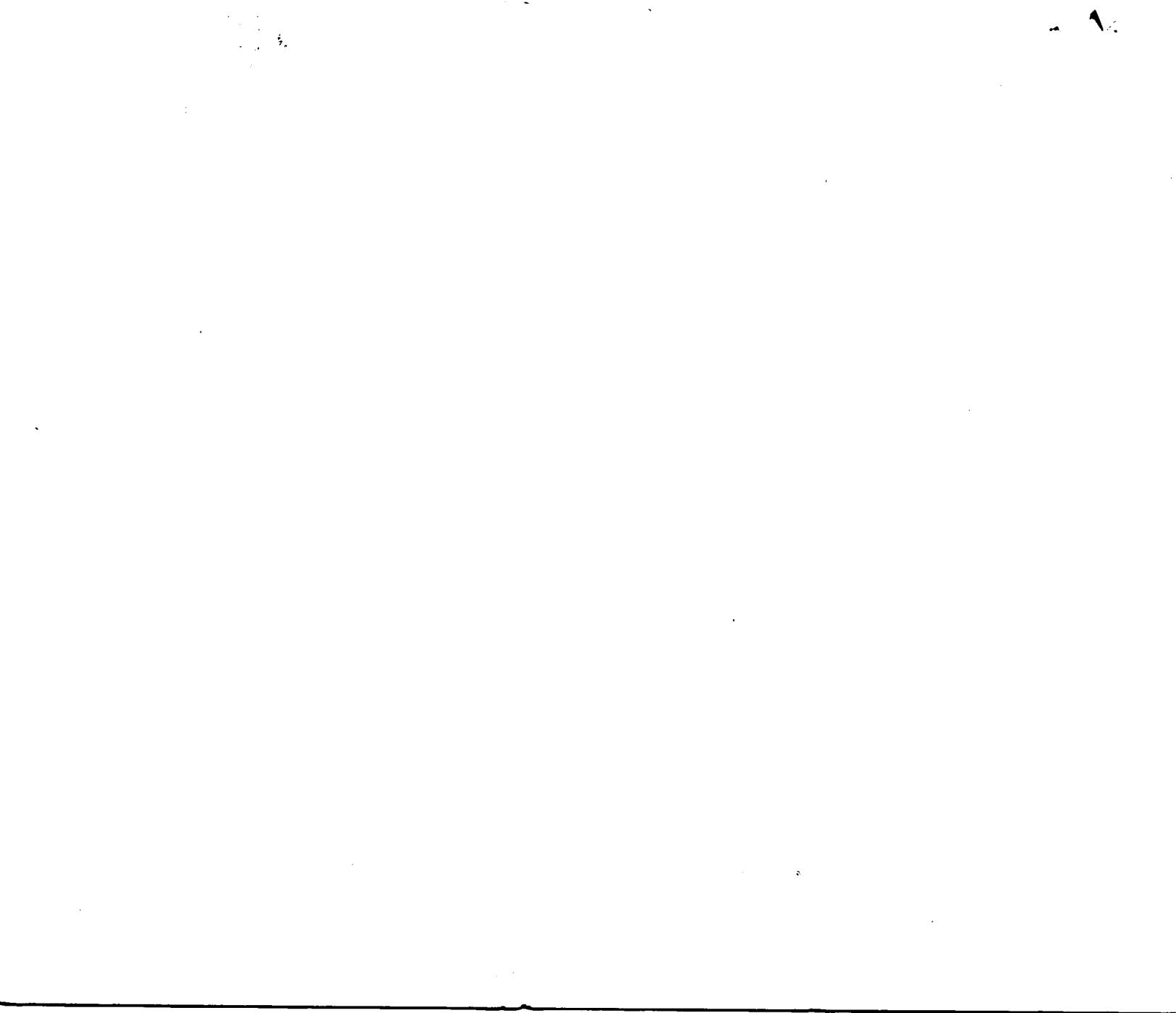
26. FUNERAL DIRECTOR

ADDRESS

1-31-51

Ann C. Harrington

N.O. Bixby Jr.
C.D.A. IDAHO



Dr. A. Barclay

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY

PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

FEB 12 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

010

Local Reg. No.

2

Reg. Dist. No.

120

1. PLACE OF STILLBIRTH

a. COUNTY Kootenai

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Coeur d'Alenec. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Lake City General

3. CHILD'S NAME

(Type or Print)

BABY GIRL HIRE

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month)

(Day)

(Year)

Jan. 31 1951

7. FATHER'S
NAME

a. (First)

Jakie

b. (Middle)

c. (Last)

Hieb

8. COLOR OR RACE

White

9. AGE (At time of this birth)

25

YEARS

10. BIRTHPLACE (State or foreign country)

McCluskey N. Dakota

11a. USUAL OCCUPATION

Musician

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAMEa. (First)
Gertude

b. (Middle)

c. (Last)
Jarvis

13. COLOR OR RACE

White

14. AGE (At time of this birth)

27

YEARS

15. BIRTHPLACE (State or foreign country)

Rhineland Wis.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

17. INFORMANT

Jakie Hieb Post Falls Idaho

a. How many children are now living?

None

b. How many children were born alive but are now dead?

None

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

None

18a. LENGTH OF PREG-

NANCY
24
WEEKS

18b. WEIGHT AT BIRTH

LBS. OZS.
Approximate date 1-31-51 (pt. first seen by me)19. Was a standard serological test for syphilis performed? Yes No
Y 32.5CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

More.

20b. MATERNAL CAUSES

acute pyelitis

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none.

22. STATE ALL OPERATIONS FOR DELIVERY

none.

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at m.

23a. ATTENDANT'S SIGNATURE

Alexander Barclay

Specify if M.D., midwife, or other

MD

23b. DATE SIGNED

2-2-51

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)Date REC'D BY LOCAL
REG.

25b. DATE

Feb 2-1951

25c. NAME OF CEMETERY OR CREMATORIUM

Forest Cemetery

25d. LOCATION (City, town, or county)

Coeur d'Alene, Idaho

(State)

26. FUNERAL DIRECTOR

J. G. Phillips

ADDRESS

D.A. Idaho

2-2-51

REGISTRAR'S SIGNATURE

Ann C. Herington

APR 5 1951

CERTIFICATE OF STILLBIRTH

MAY 10 1951
DIVISION OF VITAL

State File No. 1111

Local Reg. No. 62

Reg. Dist. No. 430

State of Idaho

1. PLACE OF STILLBIRTH

a. COUNTY Madison

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Rexburgc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Rexburg Mat. Hospital

3. CHILD'S NAME

(Type or Print)

Baby Pincock

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF
STILLBIRTH (Month) Jan. (Day) 3, (Year) 19517. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Max

D.

Pincock

8. COLOR OR RACE

White

9. AGE (At time of this birth)

20 YEARS

10. BIRTHPLACE (State or foreign country)

Sugar City, Idaho

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Betty

Ethel

Strange

13. COLOR OR RACE

White

14. AGE (At time of this birth)

20 YEARS

15. BIRTHPLACE (State or foreign country)

Rexburg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

1

17. INFORMANT

Max D. Pincock

18a. LENGTH OF PREG-
NANCY

48 WEEKS

18b. WEIGHT AT BIRTH

7 LBS. 10 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date 7/39.6

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Stillbirth (fetal heart tones was not heard in the 24 hours prior to delivery)

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

M. J. Piggy MA.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

1/3/51

23c. ATTENDANT'S ADDRESS

Rexburg

24. SIGNATURE OF AUTHORIZED OFFICIAL

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

1/4/51

25c. NAME OF CEMETERY OR CREMATORIAL

Sugar City

25d. LOCATION (City, town, or county)

Sugar City, Idaho

(State)

DATE REC'D BY LOCAL
REG.

1-4-51

REGISTRAR'S SIGNATURE

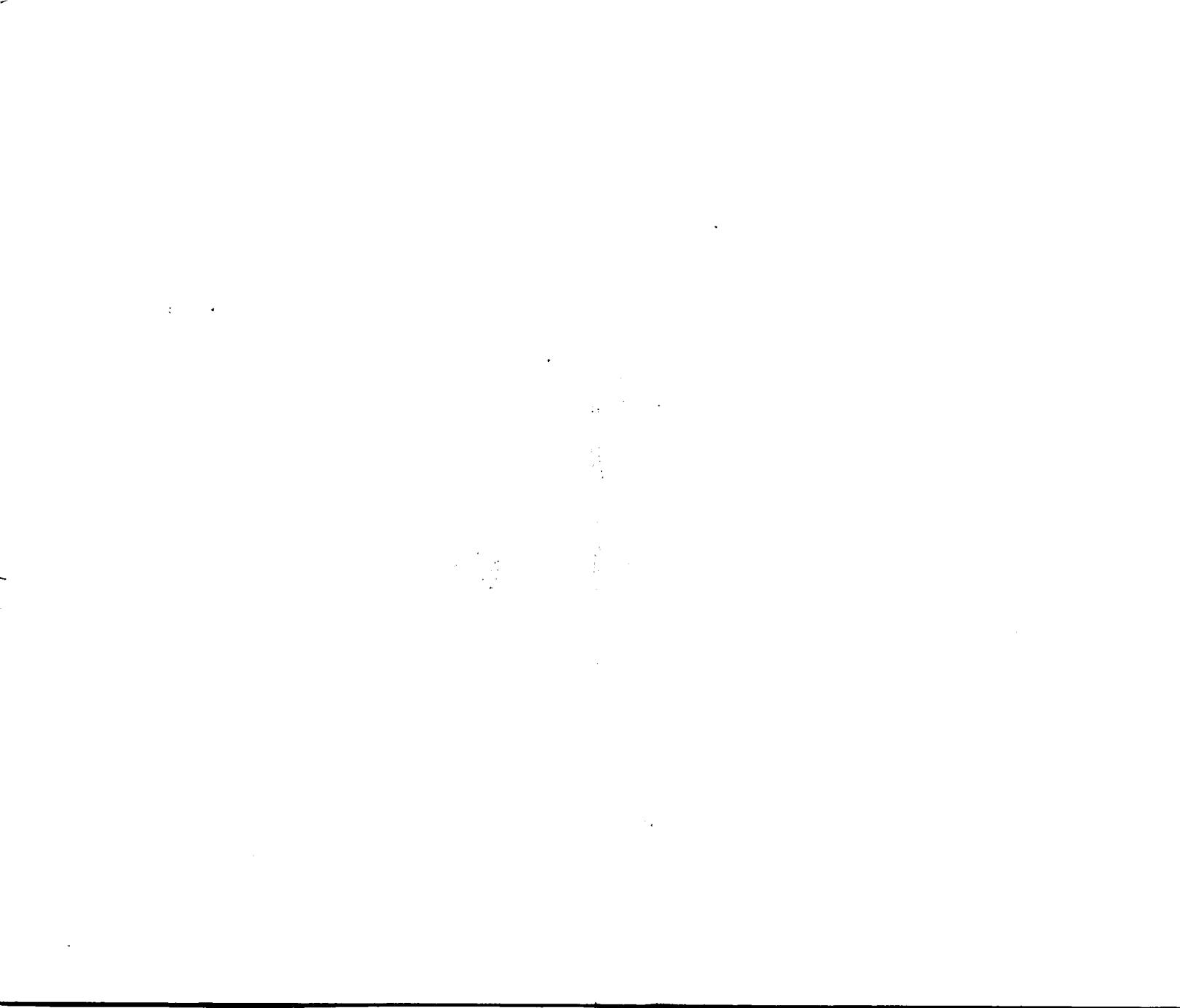
Leona Z. Lamm

26. FUNERAL DIRECTOR

Kenneth W. Johnson

ADDRESS

Rexburg, Idaho



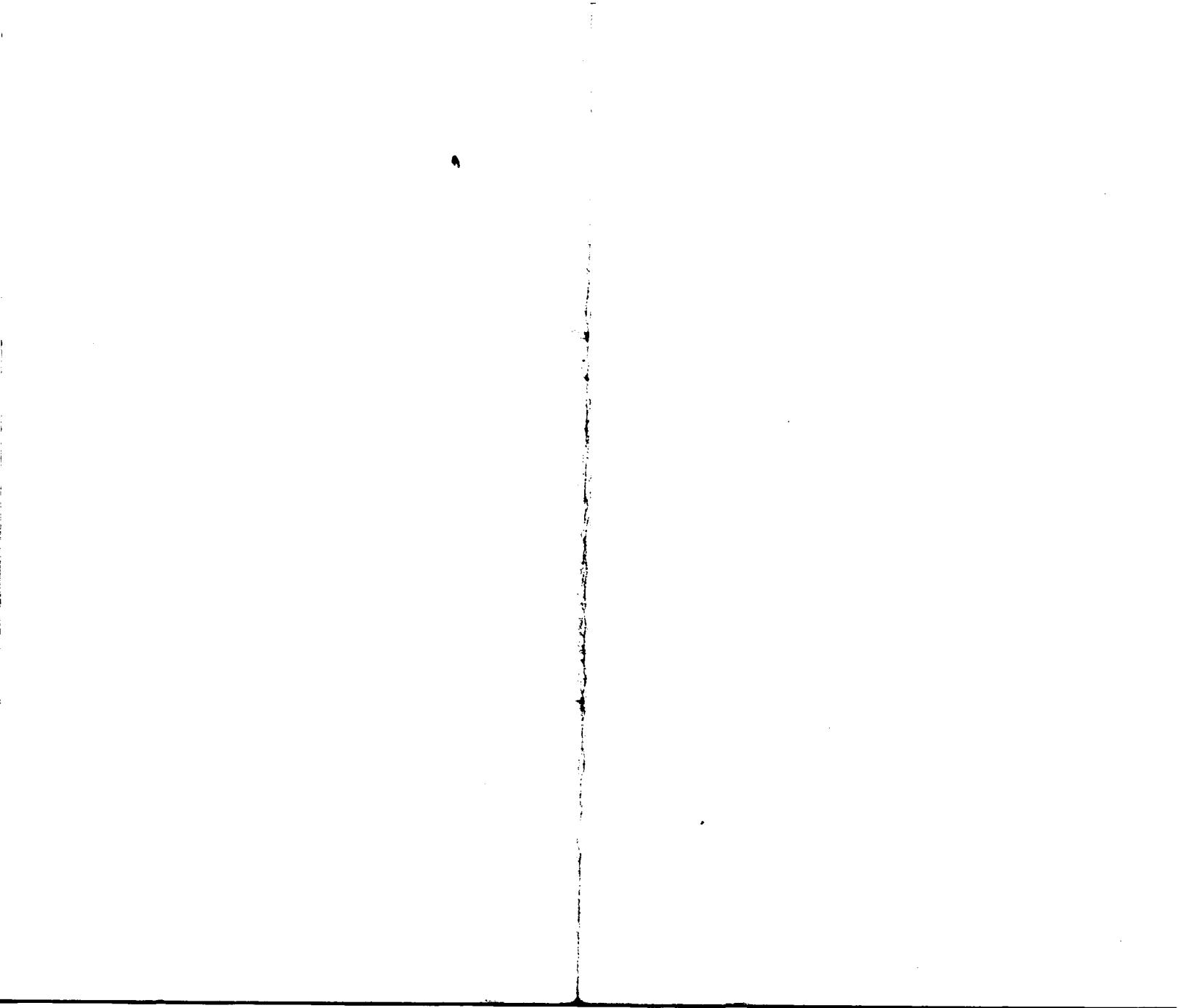
CERTIFICATE OF STILLBIRTH

State of Idaho

FEB 21 1951

State File No. 11114
Local Reg. No. 6
Reg. Dist. No. 6-30FEB 21 1951
STATE OF VITAL

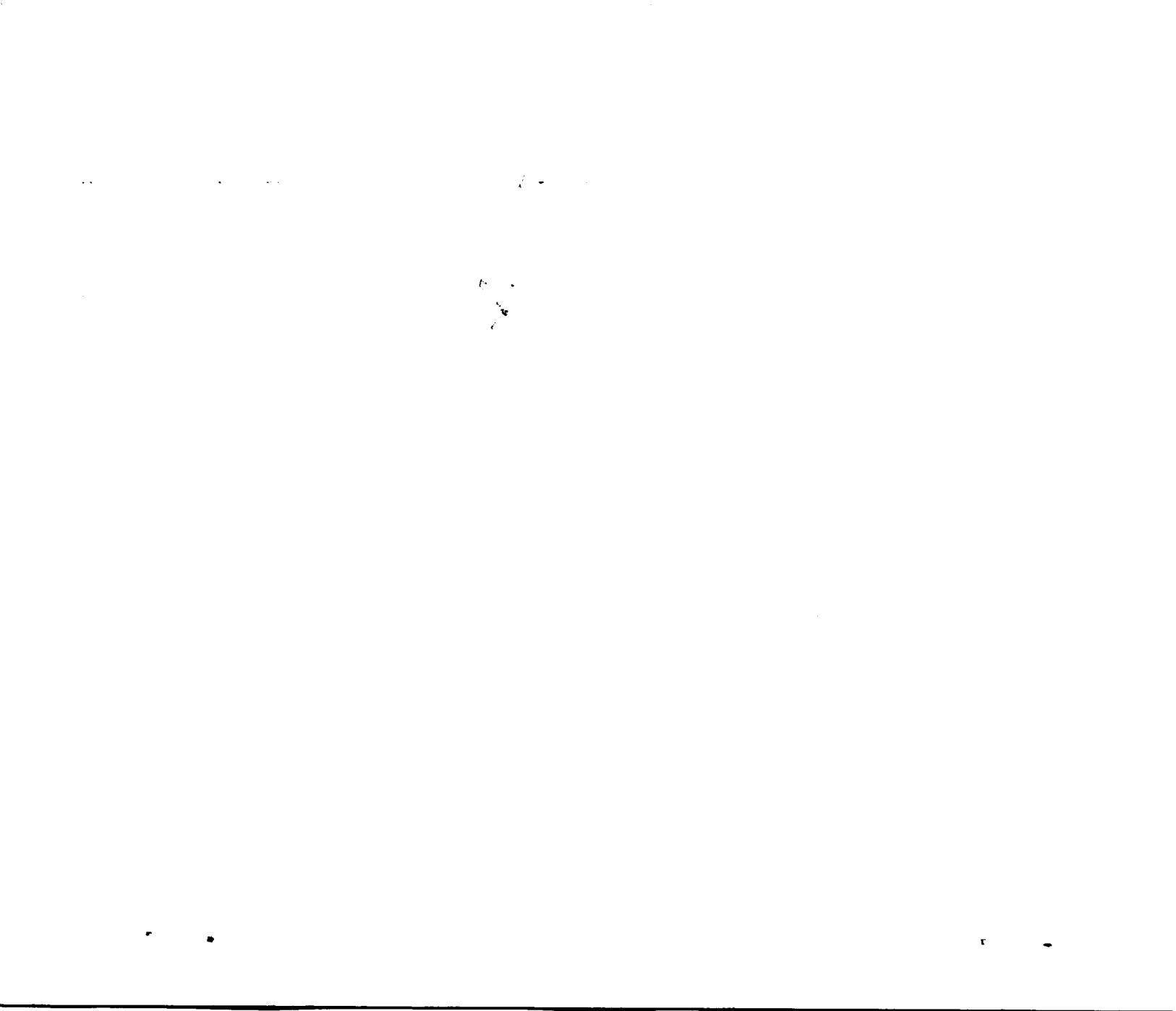
1. PLACE OF ST		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	<i>Madison</i>	a. STATE	<i>Idaho</i>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	<i>Rexburg</i>	b. COUNTY	<i>Madison</i>
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	<i>Rexburg Maternity Hosp</i>		
3. CHILD'S NAME (Type or Print)	<i>Reba</i>		
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
<i>M</i>	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<i>Jan 17, 1951</i>
7. FATHER'S NAME	a. (First) <i>Frank</i>	b. (Middle) <i>E</i>	c. (Last) <i>Brunson</i>
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
<i>23</i> YEARS	<i>Filmore, Utah</i>	<i>Laborer</i>	
12. MOTHER'S MAIDEN NAME	a. (First) <i>La Rue</i>	b. (Middle) <i>Clements</i>	c. (Last) <i>White</i>
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
<i>18</i> YEARS	<i>Rugby, Idaho</i>	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	<i>Frank E Brunson</i>	<i>1</i>	<i>0</i>
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Approximate date</i> <i>Jan 39.6</i>	
<i>22</i> WEEKS	<i>2 LBS. 4 OZS.</i>		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>unknown (Premature) 5 1/2 month</i>		
	20b. MATERNAL CAUSES <i>unknown</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
<i>none</i>		<i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>J. F. Riley MD</i>	
		23b. DATE SIGNED <i>1/17/51</i>	
23c. ATTENDANT'S ADDRESS <i>Rexburg, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25d. DATE	25c. NAME OF CEMETERY OR CREMATORIALY	25d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>Jan 18, 1951</i>	<i>Rexburg</i>	<i>Rexburg Idaho</i>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS	
<i>Jan 18, 1951</i>	<i>Leona Flausen</i>		



RECEIVED (1949 Revision of Standard Certificate)
JAN 22 1951
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No.
Local Reg. No. 225
Reg. Dist. No. 20

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clearwater</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Headquarters</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		d. STREET ADDRESS (If rural, give location) <u>Box 105</u>	
3. CHILD'S NAME (Type or Print) <u>John Crane Sutherland</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH <u>1 - 15 - 51</u>
7. FATHER'S NAME <u>Charles Fearn Sutherland</u>	a. (First) <u>Charles</u>	b. (Middle) <u>Fearn</u>	c. (Last) <u>Sutherland</u>
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Camp Grant, Illinois</u>	11a. USUAL OCCUPATION <u>Forester</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>
12. MOTHER'S MAIDEN NAME <u>Marjorie Ellen Rowett</u>	a. (First) <u>Marjorie</u>	b. (Middle) <u>Ellen</u>	c. (Last) <u>Rowett</u>
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Mountain Home, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>6</u>	
17. INFORMANT <u>Charles F. Sutherland</u>	18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. <u>5</u> OZS. <u>0</u>	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date.
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Complete heart in cord. y 36.0</u>		
	20b. MATERNAL CAUSES <u>None.</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None.</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>		
23a. ATTENDANT'S SIGNATURE <u>Nez Perce MD.</u>		*(Specify if M. D., midwife, or other) 23b. DATE SIGNED <u>1/16/51</u>	
23c. ATTENDANT'S ADDRESS <u>Nez Perce</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>removal</u>	25b. DATE <u>1-16-51</u>	25c. NAME OF CEMETERY OR CREMATORIAL <u>Mountain Home</u>	25d. LOCATION (City, town, or county) (State) <u>Mountain Home, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan. 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Phyllis Wester</u>	26. FUNERAL DIRECTOR ADDRESS	<u>Mount U. Union Cemetery, Idaho</u>



DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of John Crane Sutherland
now lying buried in Mountain View Cemetery cemetery, in the city or town of Mountain Home
County of Elmore State of Idaho, who died on the 15 day of Jan, 1951, Aged Stillbirth months
 days, the cause of death being Stillbirth and
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; Asiatic cholera; typhus fever;
or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Pierce, Lewiston, Idaho attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private or railway conveyance
to Different lot - Same Cemetery in the City or Town of Mountain Home County of Elmore

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of
Mountain Home it being understood and provided that nothing herein shall be deemed as contravening or in
anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of
Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the
remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic
lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,
permit issued to: this 8th day of July, A.D. 1951.

Bey Mortuary
Mountain Home, Idaho

Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,
Town or County of _____ State of Idaho, this _____ day of _____ 19 _____.

Health officer



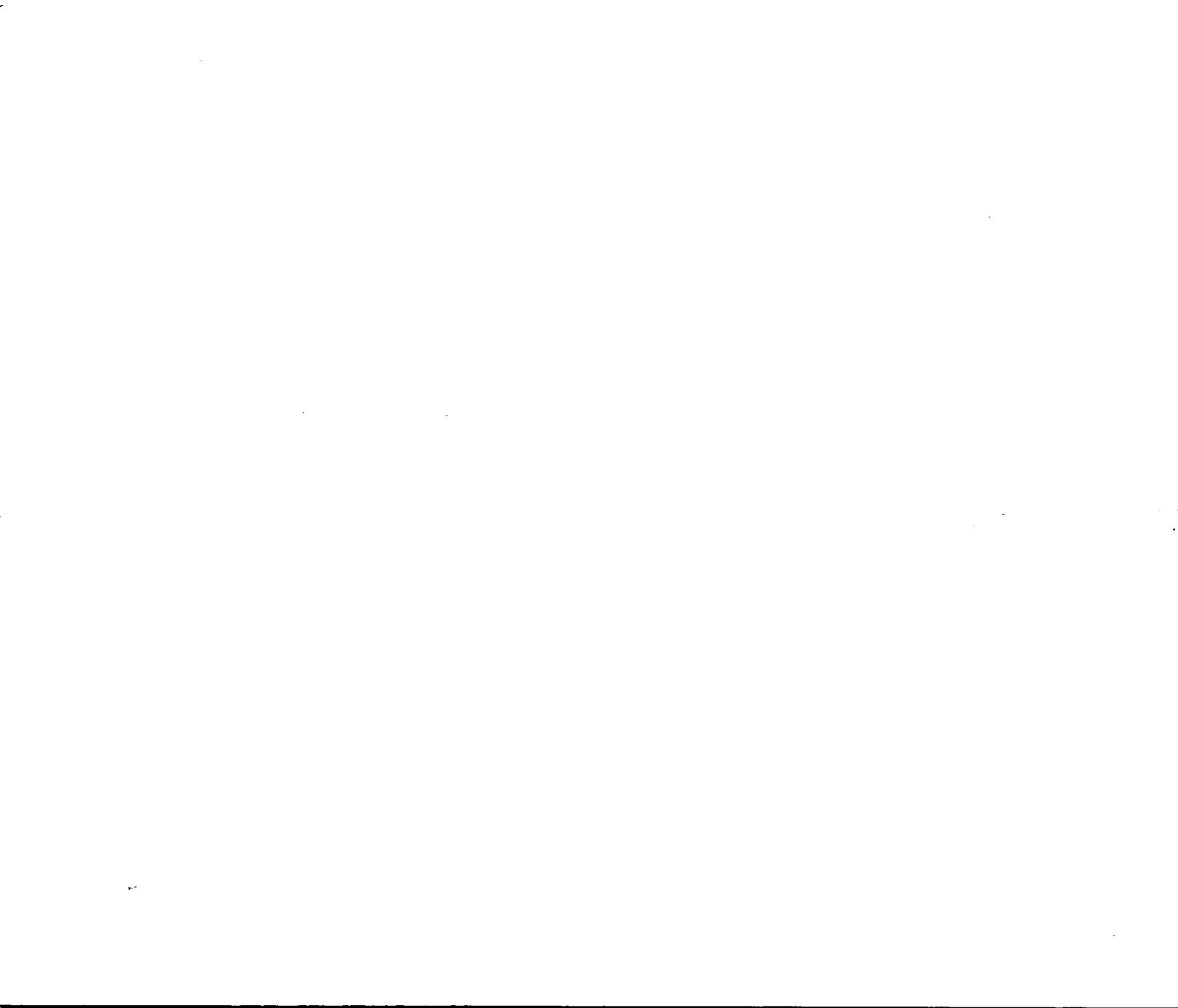
FEB 5 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No. 014
Local Reg. No. 13
Reg. Dist. No. 222

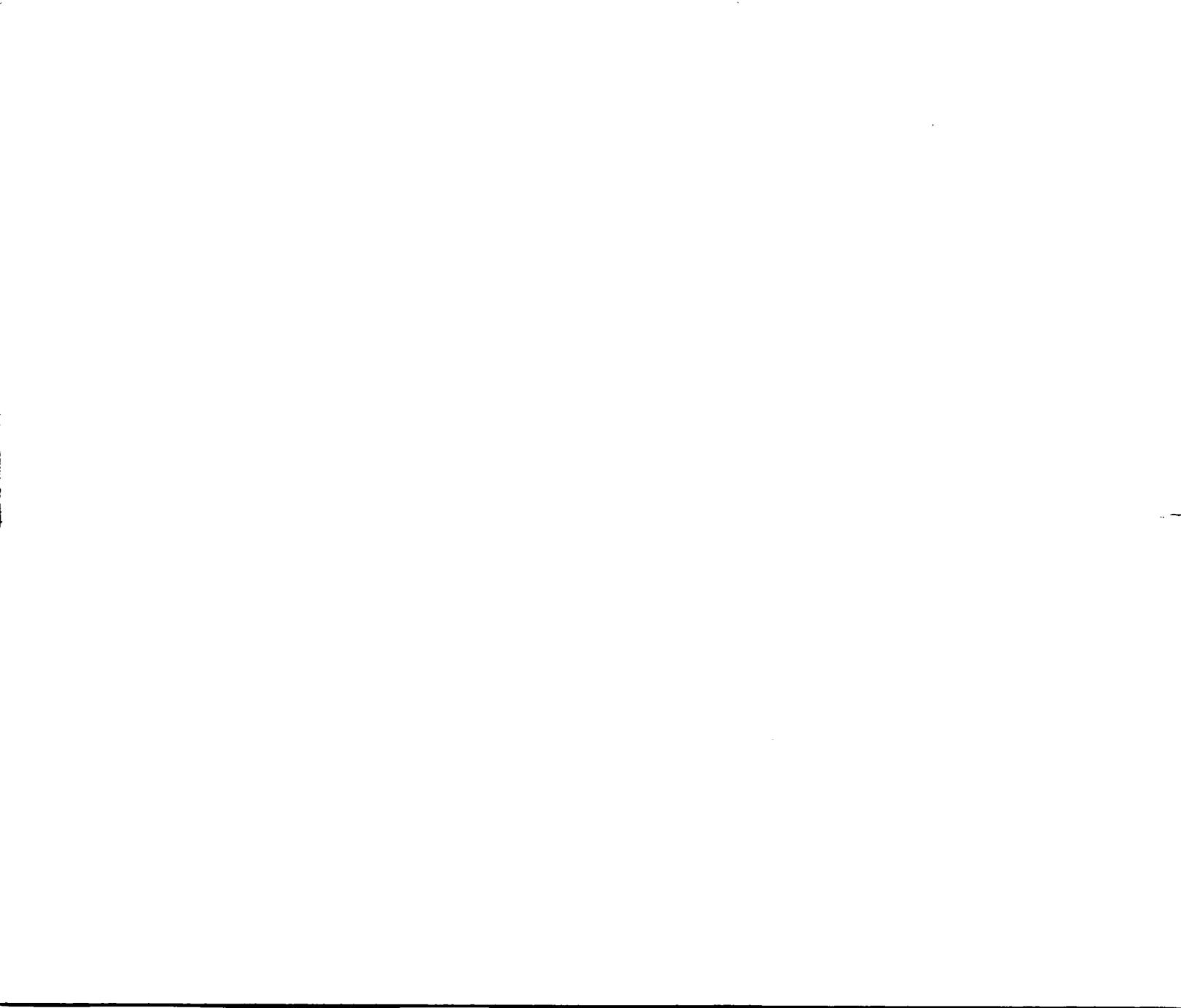
1. PLACE OF STILLBIRTH a. COUNTY NezPerce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY NezPerce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph		d. STREET ADDRESS Rt. #2, Box 810-A (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY GIRL HOLLIDAY			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 27 1951
7. FATHER'S NAME Albert	a. (First) b. (Middle)	c. (Last) Holliday	8. COLOR OR RACE White
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Rubens, Idaho	11a. USUAL OCCUPATION Mill Worker	11b. KIND OF BUSINESS OR INDUSTRY Lumber industry
12. MOTHER'S MAIDEN NAME Wilhemina	a. (First) b. (Middle)	c. (Last) Harbke	13. COLOR OR RACE White
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Molar, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? Two (2) None (0) None (0)	
17. INFORMANT Albert Holliday	18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes No Approximate date 38.0
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Maturity of Placenta</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
<i>I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.</i>		23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)
		23c. ATTENDANT'S ADDRESS	23b. DATE SIGNED <i>Jan 29 - 51</i>
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE Jan 29, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Normal Hill
DATE REC'D BY LOCAL REG. <i>Jan 31 1951</i>		26. FUNERAL DIRECTOR Brower-Mann, by- Dr. E. Baldeck	ADDRESS <i>K.H. Malone</i> Lewiston Idaho
REGISTRAR'S SIGNATURE <i>Alice Nekleba</i>			



1949 Revision of Standard Certificate
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS

State File No. 1151
Local Reg. No. 6
Reg. Dist. No. 140

1. PLACE OF STILLBIRTH		STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY		<i>Shoshone</i>		a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		<i>Wallace</i>		b. COUNTY	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		<i>Wallace Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
3. CHILD'S NAME (Type or Print)		<i>Baby Girl Jones</i>		d. STREET ADDRESS (If rural, give location)	
4. SEX		5a. THIS BIRTH		5b. IF TWIN OR TRIPLET (This child born)	
<i>Female</i>		<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET		1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
7. FATHER'S NAME		a. (First) <i>Roy</i>		b. (Middle) <i>Avery</i>	
				c. (Last) <i>Jones</i>	
9. AGE (At time of this birth)		10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION	
<i>35</i> YEARS		<i>Spokane, Wash.</i>		<i>Mechanic</i>	
12. MOTHER'S MAIDEN NAME		a. (First) <i>Ada</i>		b. (Middle) <i>Isabel</i>	
				c. (Last) <i>Lake</i>	
14. AGE (At time of this birth)		15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
<i>33</i> YEARS		<i>Colbert, Wash.</i>		a. How many children are now living? <i>4</i> b. How many children were born alive but are now dead? <i>—</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>—</i>	
17. INFORMANT		<i>Mrs. Roy A. Jones</i>		18a. LENGTH OF PREG. NANCY <i>30</i> WEEKS 18b. WEIGHT AT BIRTH LBS. <i>11</i> OZS. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>8-1-50</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>TOXEMIA (Macerated - No obvious deformity, large infarct in placenta)</i>		20b. MATERNAL CAUSES <i>TOXEMIA</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY			
<i>TOXEMIA</i>		<i>Induction of labor</i>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>12:20 A.M.</i>		23a. ATTENDANT'S SIGNATURE		(Specify if M.D., midwife, or other)	
		<i>James B. Hunter MD</i>		23b. DATE SIGNED <i>1-5-51</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE		25c. NAME OF CEMETERY OR CREMATORIAL	
<i>Cremation</i>		<i>1-5-51</i>		<i>WALLACE HOSPITAL</i>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR ADDRESS	
<i>Jan 8 1951</i>		<i>Belle Colwell</i>		<i>Wade Corneel Wallace Idaho</i>	



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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEFEB 7 1951 (1949 Revision of Standard Certificate)
DIVISION OF PUBLIC HEALTH SERVICE
CERTIFICATE OF STILLBIRTH
STATES - State of Idaho

State File No.

Local Reg. No. 1

Reg. Dist. No. 620

1. PLACE OF STILLBIRTH

a. COUNTY

Teton

b. CITY (If outside corporate limits, write RURAL and give township or town)

Driggs

c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

Teton Valley Hospital

3. CHILD'S NAME

(Type or Print)

4. SEX

Female

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

5b. IF TWIN OR TRIPLET (This child born)

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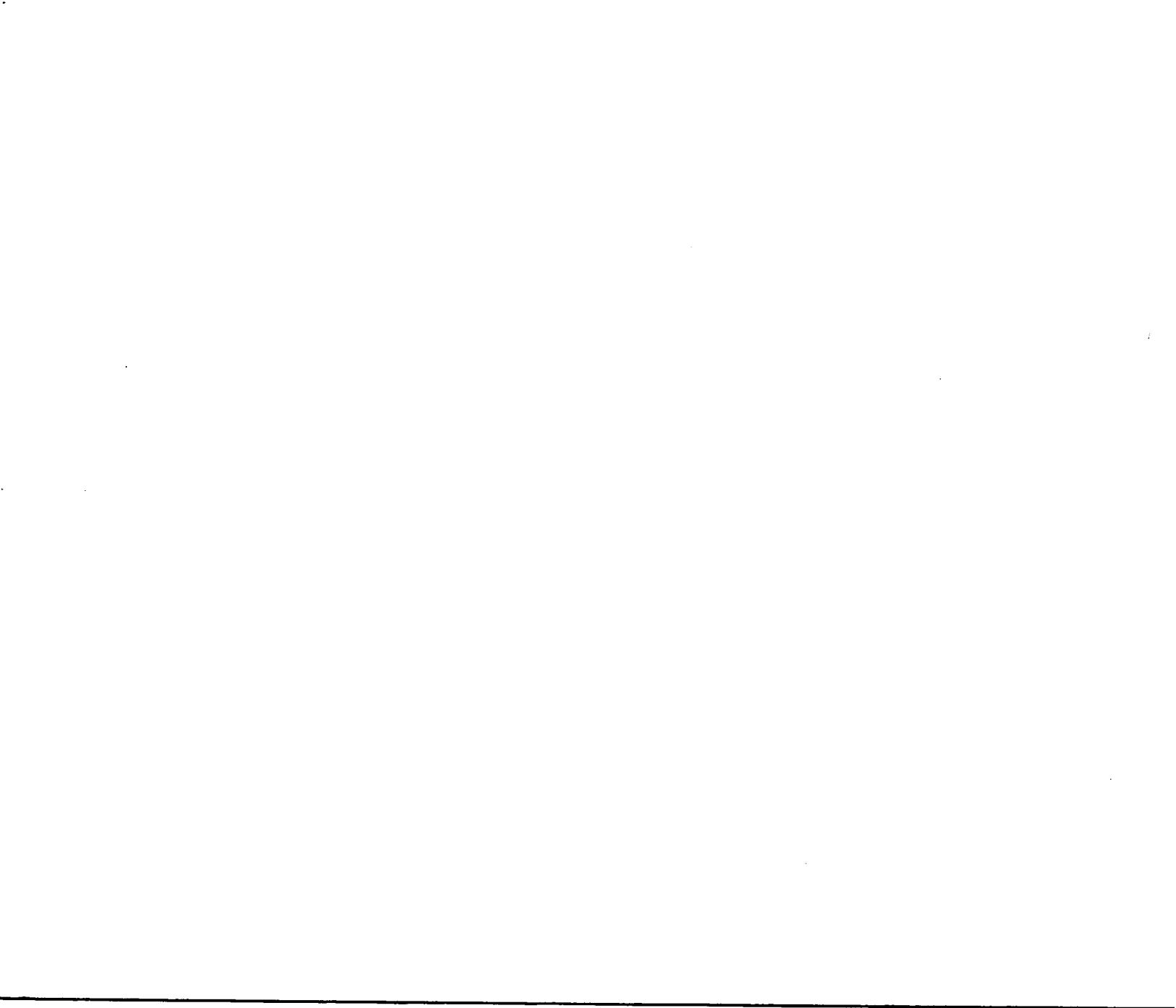
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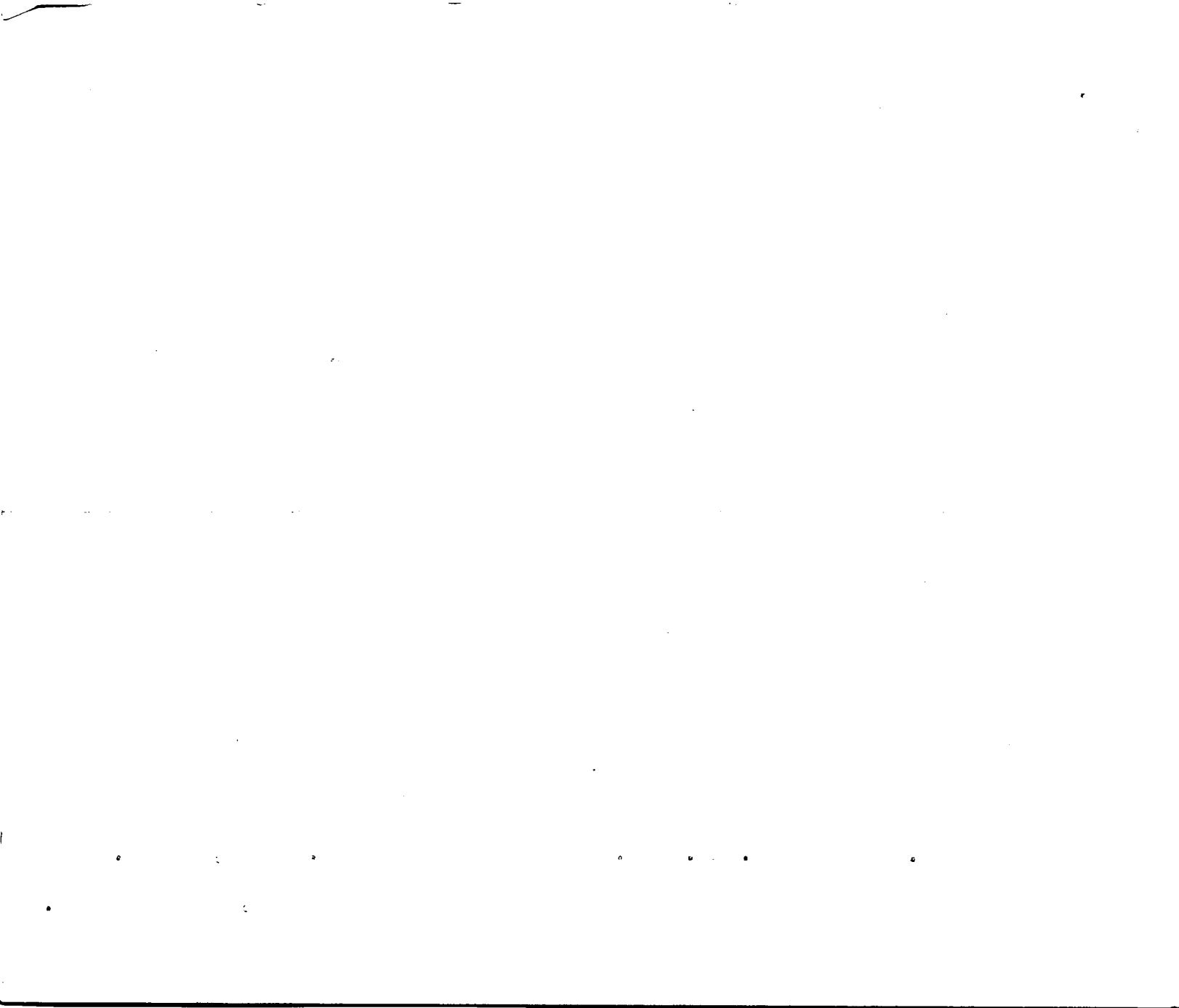
352



RECEIVED
JAN 31 1951 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 17
Local Reg. No. 4
Reg. Dist. No. 311

1. PLACE OF STILLBIRTH STIBNITE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)				
a. COUNTY	Valley	a. STATE	Idaho			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Stibnite	b. COUNTY	Valley			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Stibnite Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Stibnite			
3. CHILD'S NAME (Type or Print)		Dianna Kay Lindekugel				
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) 1 (Day) 9 (Year) 51			
7. FATHER'S NAME	a. (First) Arthur	b. (Middle) Edwin	c. (Last) Lindekugel			
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Mansfield, S. Dakota	11a. USUAL OCCUPATION Mill operator	11b. KIND OF BUSINESS OR INDUSTRY Mining			
12. MOTHER'S MAIDEN NAME Iva	a. (First) Iva	b. (Middle) Myrtle	c. (Last) Lindekugel			
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) near Weiser, Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. How many children are now living? 1</td> <td>b. How many children were born alive but are now dead? 0</td> <td>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0</td> </tr> </table>		a. How many children are now living? 1	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0
a. How many children are now living? 1	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0				
17. INFORMANT <i>Arthur Edwin Lindekugel</i>						
18a. LENGTH OF PREG- NANCY 40 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9/14/50				
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis Fetalis y 39. 2				
20b. MATERNAL CAUSES None						
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Membranes ruptured 1/1/51		22. STATE ALL OPERATIONS FOR DELIVERY L.M.L. episiotomy				
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9 p.m.		23a. ATTENDANT'S SIGNATURE <i>J. E. Rockwell Jr., M.D.</i> (Specify if M.D., midwife, or other) 23b. DATE SIGNED 1/9/51				
23c. ATTENDANT'S ADDRESS Stibnite		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>J. E. Rockwell Jr., M.D.</i> TITLE			
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial.	25b. DATE January 16, 1951.	25c. NAME OF CEMETERY OR CREMATORIAL Norris Hill Cemetery.	25d. LOCATION (City, town, or county) (State) Boise, Idaho.			
DATE REC'D BY LOCAL REG. Jan 29-1951	REGISTRAR'S SIGNATURE <i>Marie H. Gardner</i>	26. FUNERAL DIRECTOR ADDRESS Summers Funeral Home, Boise, Idaho.				



CERTIFICATE OF STILLBIRTH

FEB 22 1951
DIVISION OF VITAL

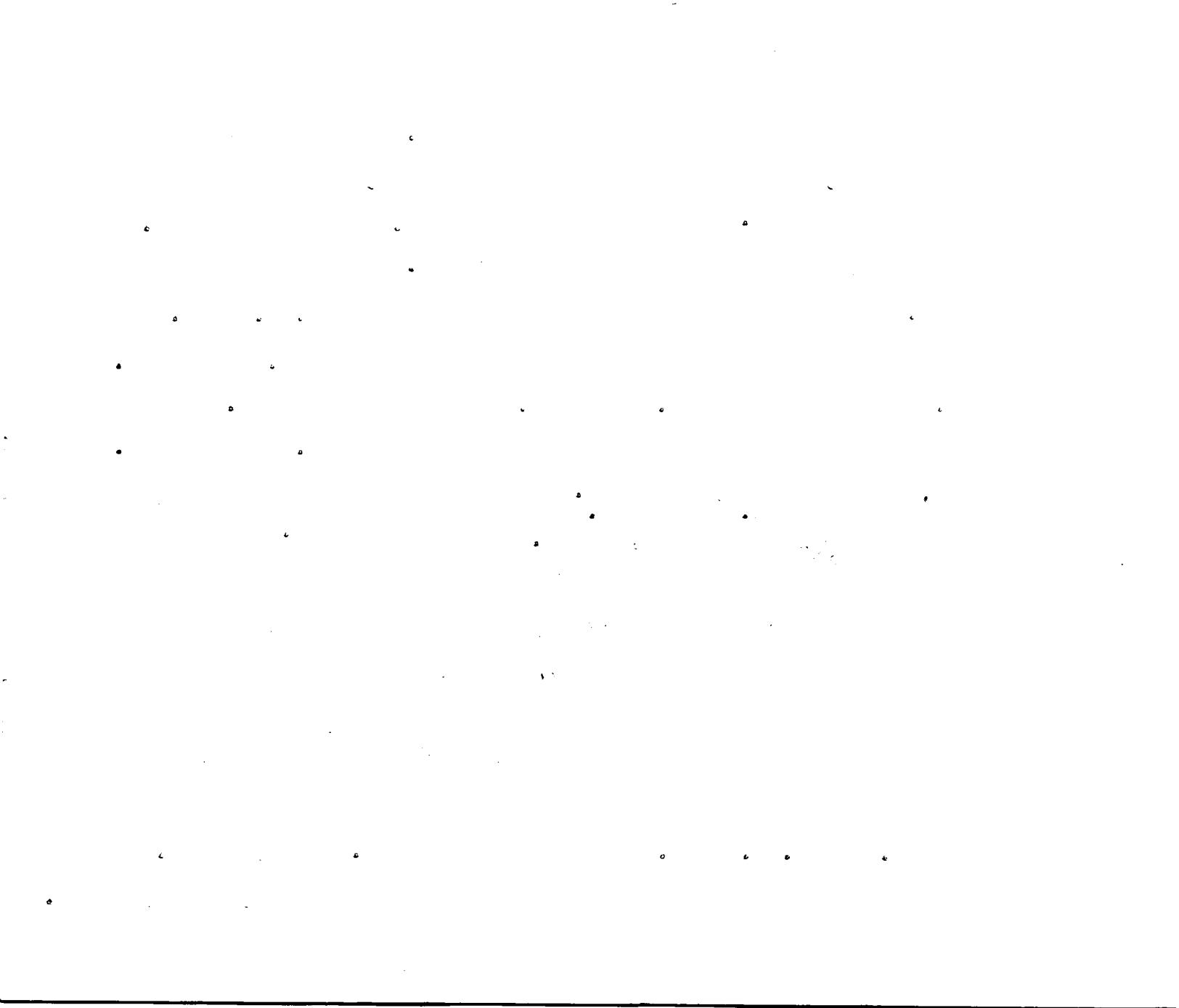
State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 46
370

1. PLACE OF STILLBIRTH St. Luke's Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Ada		a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) Boise		b. COUNTY Ada	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
d. STREET ADDRESS		(If rural, give location) 911. Roosevelt Street	
3. CHILD'S NAME (Type or Print) RETA DELORES MILLER			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 5. 1951
7. FATHER'S NAME Howard	a. (First)	b. (Middle)	c. (Last)
8. COLOR OR RACE White			
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Stillwater, Oklahoma		11a. USUAL OCCUPATION Automobile Mechanic
11b. KIND OF BUSINESS OR INDUSTRY			
12. MOTHER'S MAIDEN NAME Aliane	a. (First)	b. (Middle)	c. (Last)
13. COLOR OR RACE White			
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Guthrie, Oklahoma		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
17. INFORMANT Howard Miller	911. Roosevelt. Boise, Idaho.		a. How many children are now living? 2
18a. LENGTH OF PREGNANCY WEEKS NANCY	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes 2 No 1	b. How many children were born alive but are now dead?
18a. LENGTH OF PREGNANCY WEEKS 31	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes 2 No 1	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Stillborn - Atelectasis Y39.5 20b. MATERNAL CAUSES No maternal cause found		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE M. S. Boch MD		23b. DATE SIGNED Feb 7-1951
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
25a. BURIAL CREMATION REMOVAL (Specify) Burial	25b. DATE Feb. 7. 1951	25c. NAME OF CEMETERY OR CREMATORIAL Morris Hill Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 2-14-51	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Clifford Dummer	ADDRESS Summer's Funeral Home, Boise, Idaho



RECEIVED (1949 Revision of Standard Certificate)
FEB 24 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No.....

Local Reg. No. 52

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH

a. COUNTY Ada

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Boise,c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION St Lukes Hospital.**2. USUAL RESIDENCE OF MOTHER (Where does mother live?)**

a. STATE Idaho.

b. COUNTY Canyon.

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Middletond. STREET ADDRESS
(If rural, give location)

P.O. Box. 148.

3. CHILD'S NAME

(Type or Print)

Baby Girl Ashby.

4. SEX

5a. THIS BIRTH

Female.

 SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF STILLBIRTH (Month) (Day) (Year)

February, 6. 1951.

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

Chester

Tovey

Ashby.

White.

9. AGE (At time of this birth)

27.

YEARS

10. BIRTHPLACE (State or foreign country)

Garland, Utah.

11a. USUAL OCCUPATION

Farmer.

11b. KIND OF BUSINESS OR INDUSTRY

Farming.

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

Lovelle

Wheeler.

White.

14. AGE (At time of this birth)

25

YEARS

15. BIRTHPLACE (State or foreign country)

Phoenix Arizona.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

P.O. BOX. 148.

Chester & Ashby

Middleton, Idaho.

1

0

18a. LENGTH OF PREGNANCY

NANCY WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

y 39.2

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

none except prob. erythroblastosis

20b. MATERNAL CAUSES

Rh negative antibody titer elevated

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Premature

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

23b. DATE SIGNED

2-10-51

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial.

25b. DATE

Feb. 8. 1951. Cloverdale Memorial Park

25d. LOCATION (City, town, or county) (State)**DATE REC'D BY LOCAL REG.**

2-20-51

REGISTRAR'S SIGNATURE

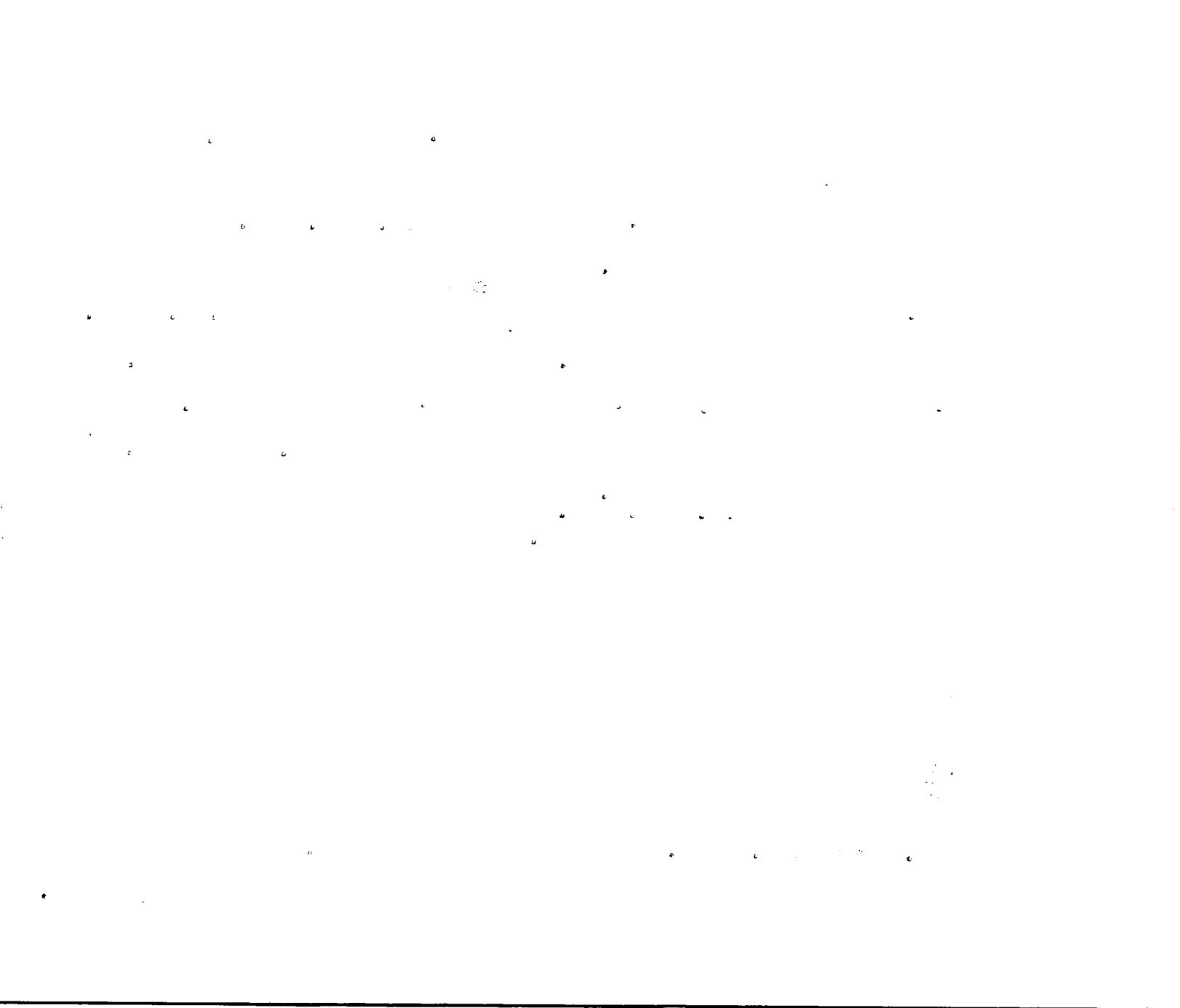
Mayrtle Palmer

26. FUNERAL DIRECTOR

Obelyle & Summers

ADDRESS

Summers Funeral Home, Boise, Idaho.



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

FEB 27 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 4410

1. PLACE OF STILLBIRTH

a. COUNTY Blaine

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Sun Valley Idahoc. FULL NAME OF (if not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Sun Valley Idaho

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho

b. COUNTY Blaine

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Ketchum Idahod. STREET ADDRESS
(If rural, give location)

3. CHILD'S NAME

(Type or Print)

Baby Jefferson

4. SEX

M

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month)

(Day)

(Year)

Feb. 4 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Ray Oakden Jefferson

8. COLOR OR RACE

W

9. AGE (At time of this birth)

35 YEARS

10. BIRTHPLACE (State or foreign country)

Salt Lake City Utah

11a. USUAL OCCUPATION

Teacher

11b. KIND OF BUSINESS OR INDUSTRY

Ketchum School

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Mary Alice Means

13. COLOR OR RACE

W

14. AGE (At time of this birth)

35 YEARS

15. BIRTHPLACE (State or foreign country)

St. Joseph Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Ray O. Jefferson Father

18a. LENGTH OF PREG-

22 WEEKS

18b. WEIGHT AT BIRTH

NANCY

LBS.

OZS.

19 Was a standard serological test for syphilis performed? Yes No

Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Prematurity

y36.2

20b. MATERNAL CAUSES

Abruption placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

John R. Morris MD

23b. DATE SIGNED

2/10/51

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

CREMATION

25b. DATE

2-4-51

25c. NAME OF CEMETERY OR CREMATORIAL

S-V. HOSPITAL

25d. LOCATION (City, town, or county)

SUN VALLEY IDAHO

(State)

DATE REC'D BY LOCAL

REGIS-

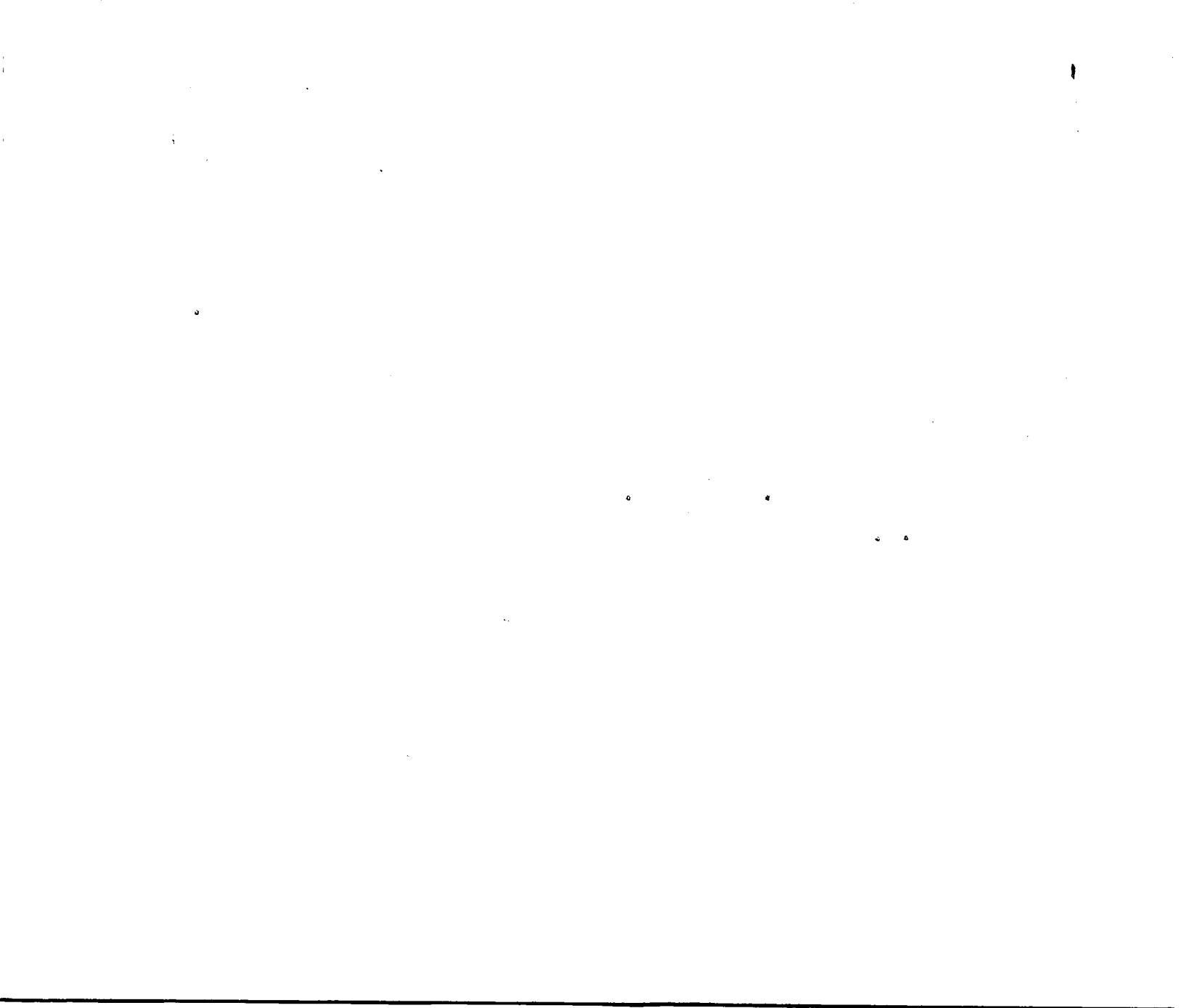
TRAR'S SIGNATURE

Robert H. Wright - per
let Sh.

26. FUNERAL DIRECTOR

ADDRESS

Raylene Goldrich HAILEY, IDA.



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEMAY 13 1951
S. OF VITAL

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.....

Local Reg. No. 2YReg. Dist. No. 60

1. PLACE OF STILLBIRTH

a. COUNTY

Bonneville

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls, Idaho

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LDS Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho

b. COUNTY Bonneville

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

d. STREET ADDRESS

(If rural, give location)

1065 Ada Street

3. CHILD'S NAME

(Type or Print)

BABY BOY STODDARD

4. SEX

Male

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF STILLBIRTH

(Month) (Day) (Year)

February 2, 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

Harold D. Stoddard

8. COLOR OR RACE

white

9. AGE (At time of this birth)

21

YEARS

10. BIRTHPLACE (State or foreign country)

St. Anthony RFD #L, Idaho

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

Norma Goulding

13. COLOR OR RACE

white

14. AGE (At time of this birth)

21

YEARS

15. BIRTHPLACE (State or foreign country)

St. Anthony - Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

17. INFORMANT

Idaho Falls, Idaho

18a. LENGTH OF PREG-
NANCY
WEEKS

18b. WEIGHT AT BIRTH

36

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

1

0

0

20a. CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Cord around Neck

y 36.0

20b. MATERNAL CAUSES

no

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Cord around neck

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at 5:15 P. m.

23a. ATTENDANT'S SIGNATURE

B. Blair

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

2-5-51

23c. ATTENDANT'S ADDRESS

1106 S. Blvd, Idaho Fall

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

25b. DATE

3 Feb., 1951

25c. NAME OF CEMETERY OR CREMATORI

Parker, Idaho

25d. LOCATION (City, town, or county) (State)

Parker, Idaho.

DATE REC'D BY LOCAL
REG.

Feb. 10-1951

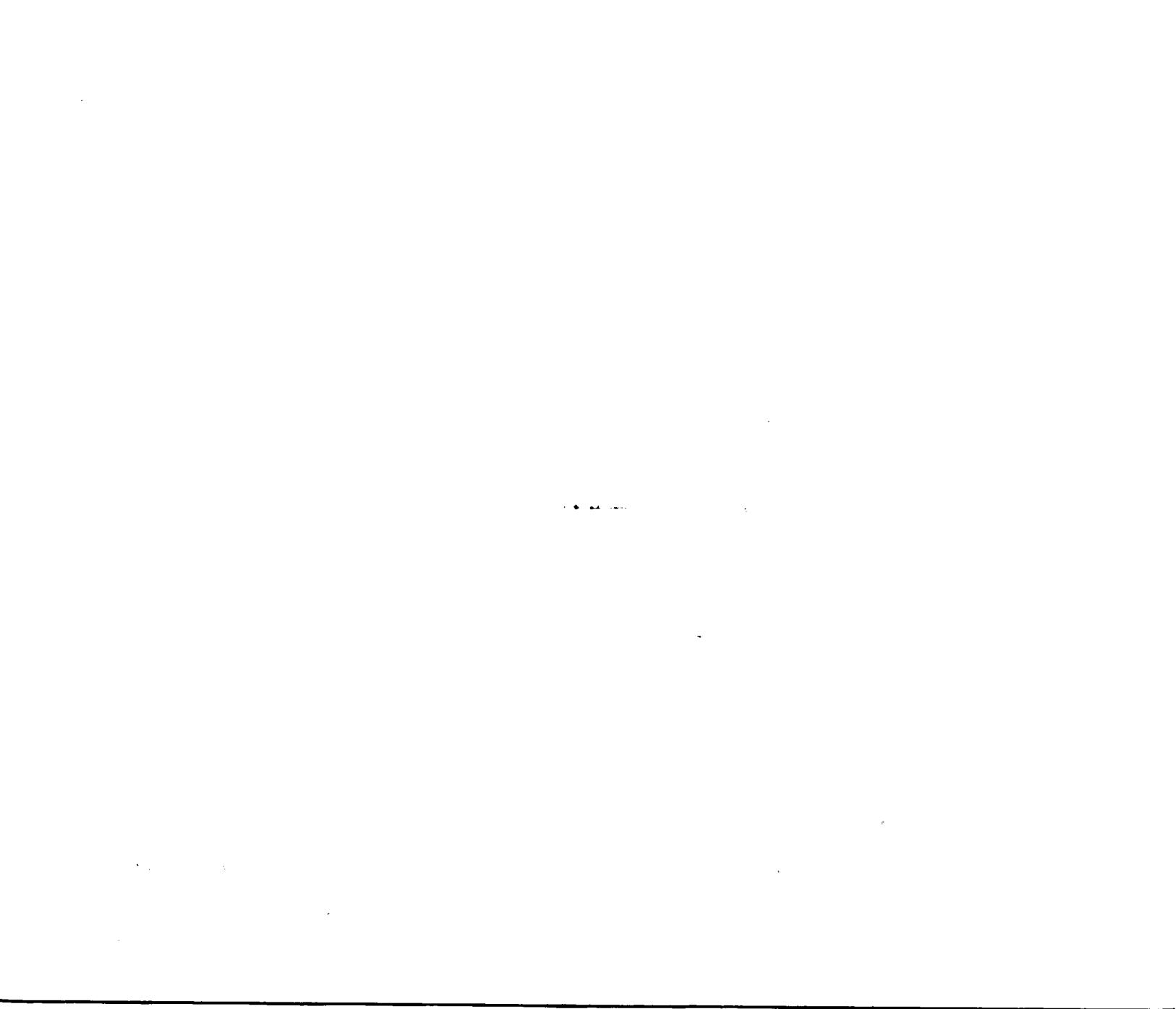
REGISTRAR'S SIGNATURE

Alice A. Budges

26. FUNERAL DIRECTOR

ADDRESS

M. J. Hansen St. Anthony, Idaho



DIVISION OF VITAL (1949 Revision of Standard Certificate)

STATISTICS CERTIFICATE OF STILLBIRTH

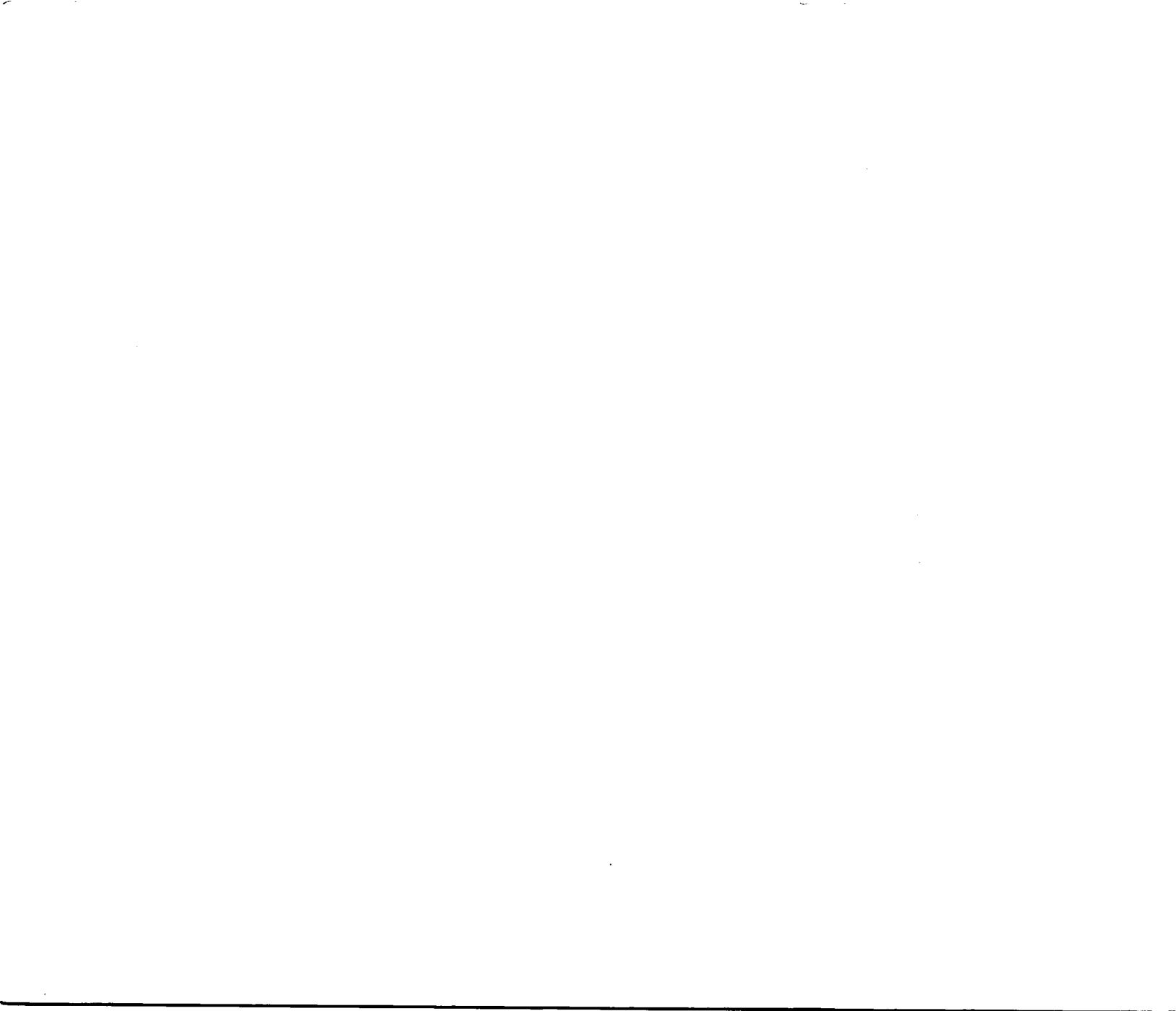
State of Idaho

State File No.

Local Reg. No. 32

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bonneville	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Idaho Falls	b. COUNTY	Bonneville
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Sacred Heart Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Ririe
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
		Star Route	
BUCKLAND			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	STILLBIRTH February 10, 1951
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
	Carl	Lionel	Buckland
8. COLOR OR RACE	White		
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
61 YEARS	Utah	Farming	Farm
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Mary	Jane	Anderson
13. COLOR OR RACE	White		
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
38 YEARS	Heart Butte, Montana	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
Mrs. Mary Buckland, Mother	0 1 1		
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
42 WEEKS	10 LBS. 4 OZS.	Approximate date September, 1950	
20a. FETAL CAUSES	y36.5		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Excessive size; Hydramnios Placental infarction		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY		
Dystonia	Cervical section		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	
	T. L. Erickson	23b. DATE SIGNED	
		23c. ATTENDANT'S ADDRESS	
		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL
			TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIUM	25d. LOCATION (City, town, or county) (State)
	Feb. 10-1951	Ririe	Ririe
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	
Feb. 12-1951	Donna Budger	ADDRESS	
None -			



MAR 13 1951

(1949 Revision of Standard Certificate)

DIVISION OF VETERINARY
CERTIFICATE OF STILLBIRTH
STATISTICS

State of Idaho

State File No.

Local Reg. No. 44

Reg. Dist. No. 61D

1. PLACE OF STILLBIRTH

a. COUNTY Bonneville

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Idaho Fallsc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Idaho Falls L.D.S. Hospital

3. CHILD'S NAME

(Type or Print) DOUGLAS ALAN BLAKE

4. SEX

Male

5a. THIS BIRTH

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF STILLBIRTH (Month) (Day) (Year)

February 12 1951

7. FATHER'S NAME

a. (First) Paul b. (Middle) Wilbur c. (Last) Blake

8. COLOR OR RACE White

9. AGE (At time of this birth)

48 YEARS

10. BIRTHPLACE (State or foreign country)

Orfino, Idaho

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

Construction

12. MOTHER'S MAIDEN NAME

a. (First) June b. (Middle) A. c. (Last) Newman

13. COLOR OR RACE White

14. AGE (At time of this birth)

35 YEARS

15. BIRTHPLACE (State or foreign country)

Butte, Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

None None None

17. INFORMANT

Paul W. Blake

None

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Large child

y 34.5

20b. MATERNAL CAUSES

Elderly primipara - narrow pelvis.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Specify if M. D., midwife, or other

Harvey A. Hite MD, March 9, 1951

23b. DATE SIGNED

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

Feb. 15, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Rose Hill

25d. LOCATION (City, town, or county)

(State)

Idaho Falls Idaho

DATE REC'D BY LOCAL REG.

March 9, 1951

REGISTRAR'S SIGNATURE

Anna Budget

26. FUNERAL DIRECTOR

ADDRESS

Orland C. Buck Idaho Falls, Idaho

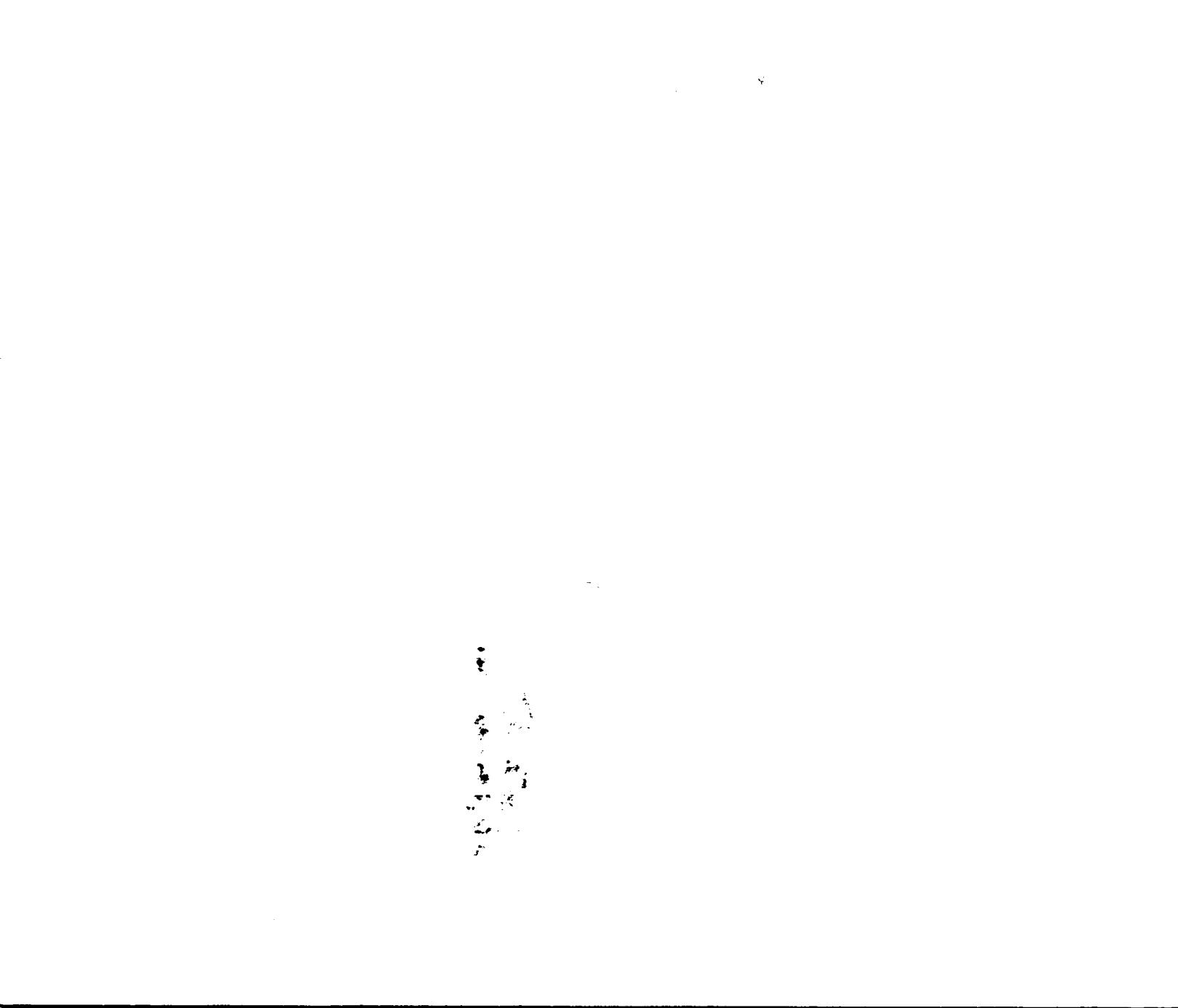
Idaho

Her. W. H. May

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 MARCH 1951
 DEPARTMENT OF VITAL Statistics State of Idaho

State File No. 1111
 Local Reg. No. 26
 Reg. Dist. No. 36 (1)

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Canyon	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township or town)	Caldwell	b. COUNTY	Canyon
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Caldwell Memorial Hospital		
3. CHILD'S NAME (Type or Print)	Irvon Lee Cain		
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	February 28 1951
7. FATHER'S NAME	a. (First) William	b. (Middle) Elmo	c. (Last) Cain white
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Glenwood, Idaho	Parts-Manager	Lodge Motor
12. MOTHER'S MAIDEN NAME	a. (First) Winifred	b. (Middle) June	c. (Last) Hall white
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
22 YEARS	McKay, Idaho	a. How many children are now living? 2	b. How many children were born alive but are now dead? 0
17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Nancy 6 weeks	6 LBS. 11 OZS.	Approximate date Aug 50	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Thrombosis & hemorrhage of cord. Y36.0</i>		
	20b. MATERNAL CAUSES <i>none</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>S. J. Simpson M.D.</i>	
		23b. DATE SIGNED <i>28 Feb 51</i>	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		23c. ATTENDANT'S ADDRESS <i>Caldwell</i>	
25d. DATE March 1-1951		25c. NAME OF CEMETERY OR CREMATORIAL Canyon Hill	
DATE REC'D BY LOCAL REG. 9-3-51		25d. LOCATION (City, town, or county) Caldwell, Idaho	
REGISTRAR'S SIGNATURE <i>Agnes M. Herman</i>		26. FUNERAL DIRECTOR Peckham-Dakar Chapel Caldwell, Idaho	



1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
STATISTICS

State of Idaho

State File No.

1025

Local Reg. No.

541

Reg. Dist. No.

369

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Nampa

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

3. CHILD'S NAME

(Type or Print)

Infant Terwilliger

4. SEX

M

5a. THIS BIRTH

SINGLE TWIN

5b. IF TWIN OR TRIPLET (This child born)

TRIPLET 1ST 2ND 3RD 6. DATE OF
STILLBIRTH

(Month)

(Day)

(Year)

1. 11/1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

W

9. AGE (At time of this birth)

YEARS

10. BIRTHPLACE (State or foreign country)

Nampa Idaho School Teacher

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

W

14. AGE (At time of this birth)

YEARS

15. BIRTHPLACE (State or foreign country)

Nampa Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

None

None

None

18a. LENGTH OF PREG-

NANCY

24 WEEKS

18b. WEIGHT AT BIRTH

LBS.

4

OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

Oct 1946

136.6

20a. FETAL CAUSES

Prematurity

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Placental degeneration

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

24. SIGNATURE OF AUTHORIZED OFFICIAL

23b. DATE SIGNED

2/16/51

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORIAL

25d. LOCATION (City, town, or county) (State)

Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

Mar. 1-1951

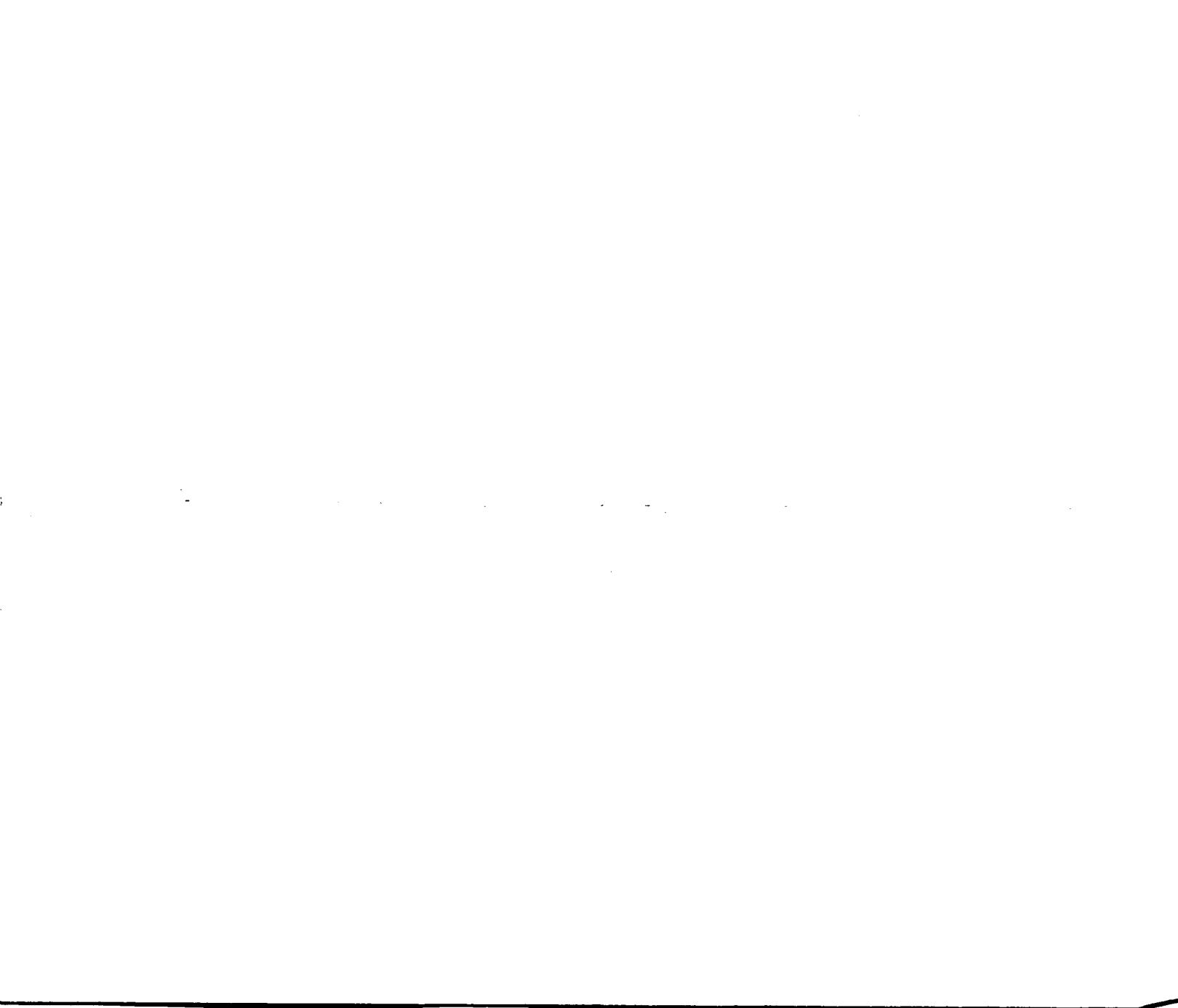
Lyda Rodgers

George W. Walter

Nampa Idaho

Form DPH-48020

Dr Ross Maruson



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 MAR 5 1951 State of Idaho

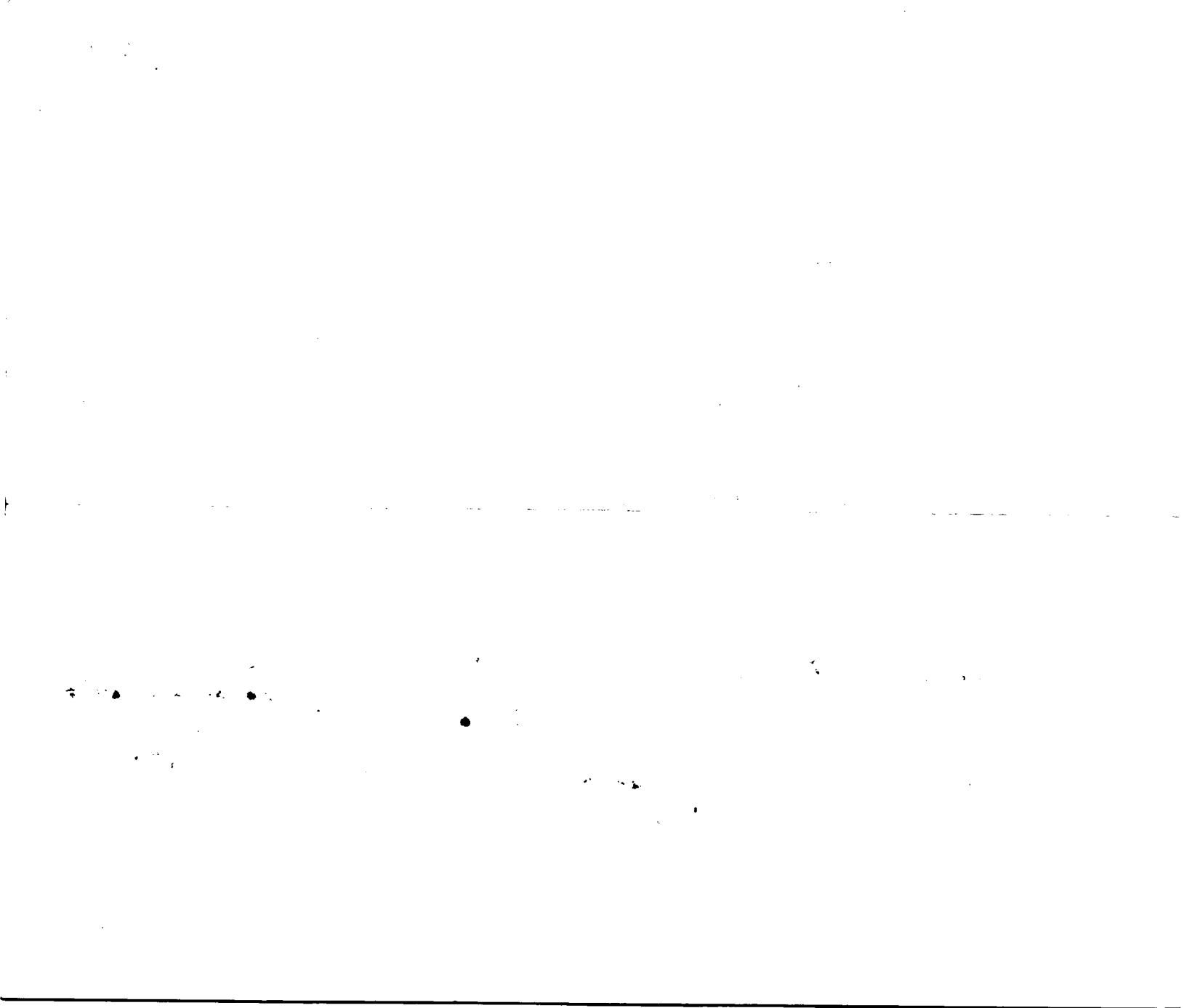
State File No. 028

Local Reg. No. 28

Reg. Dist. No. 202

DIVISION OF VITAL

1. PLACE OF STILLBIRTH a. COUNTY NezPerce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY NezPerce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph		d. STREET ADDRESS (If rural, give location) 620 19th Ave.	
3. CHILD'S NAME (Type or Print) Baby Girl Wellman			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) Feb. (Day) 24, (Year) 1951
7. FATHER'S NAME Clare	a. (First) Ora Faye Rawlings	b. (Middle) M.	c. (Last) Wellman
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Office Mgr.	11b. KIND OF BUSINESS OR INDUSTRY Potlatch Forest Inc.
12. MOTHER'S MAIDEN NAME Nancy	a. (First) Ora Faye Rawlings	b. (Middle)	c. (Last)
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT X Baby Wellman			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Labor & delivery problems. Preterm labor. Ruptured uterus.	20a. FETAL CAUSES None , X 34.6		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Ruptured uterus.	22. STATE ALL OPERATIONS FOR DELIVERY Ruptured uterus. Cesarean section. Hysterectomy.		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE Jean S. Quisenberry	(Specify if M. D., midwife, or other)	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 26, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Normal Hill	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. Feb. 27, 1951	REGISTRAR'S SIGNATURE Alma Gettken	26. FUNERAL DIRECTOR Brower-Wann, by - H. H. Malcom	ADDRESS Lewiston, Idaho



(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
APR 18 1951 State of Idaho

State File No. 025
Local Reg. No. 118
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonus Hospital		d. STREET ADDRESS (If rural, give location) Route #4	
3. CHILD'S NAME (Type or Print) ROBERT D. KUGLER			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 7, 1951
7. FATHER'S NAME	a. (First) Chester	b. (Middle)	c. (Last) Kugler
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (State or foreign country) Riverton, Nebr.	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME Evelyn	a. (First)	b. (Middle)	c. (Last)
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Riverton, Nebr.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Chester Kugler			
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov. 10 - 50	Y36.0
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Induction due to Prolonged Cord.</i>	20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Prolonged 7 hours. Cord.</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Low forceps.</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>J. M. Thomas</i>	(Specify if M. D., midwife, or other)
at _____ m.		23c. ATTENDANT'S ADDRESS 315 Court St.	24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3/10/51	25c. NAME OF CEMETERY OR CREMATORIAL Cloverdale Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 3-30-51	REGISTRAIR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR John J. Alsip Jr.	ADDRESS Nampa, Idaho
Robinson-Alsip Chapel			

301 East

MAR 21 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
STATISTICS

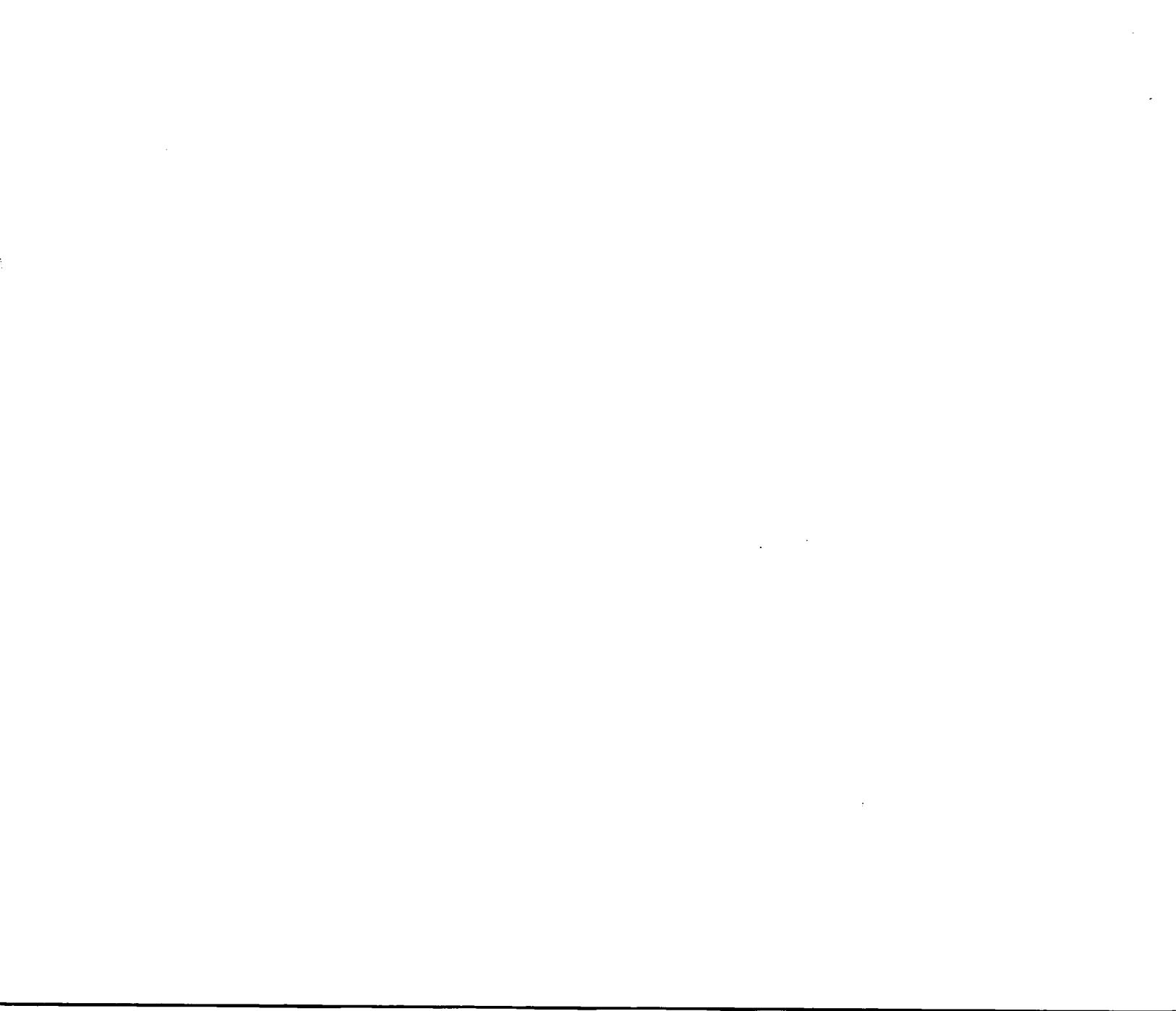
State of Idaho

State File No. 128

Local Reg. No. 67

Reg. Dist. No. 27

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bannock	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello	b. COUNTY	Bannock
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Anthony Mercy Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello
d. STREET ADDRESS	(If rural, give location)	Star Route	
3. CHILD'S NAME (Type or Print)		4. SEX	
		5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)
male	SINGLE <input checked="" type="checkbox"/>	TWIN <input type="checkbox"/>	TRIPLET <input type="checkbox"/>
	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>
7. FATHER'S NAME		a. (First)	b. (Middle)
		Alfred	Lee
9. AGE (At time of this birth)		10. BIRTHPLACE (State or foreign country)	
20 YEARS		Bannock Creek, Idaho	11a. USUAL OCCUPATION
		11b. KIND OF BUSINESS OR INDUSTRY	
		Farmer Farm	
12. MOTHER'S MAIDEN NAME		a. (First)	b. (Middle)
		Elaine	c. (Last)
		13. COLOR OR RACE	
		Simitesy Indian	
14. AGE (At time of this birth)		15. BIRTHPLACE (State or foreign country)	
20 YEARS		Bannock Creek, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
17. INFORMANT		a. How many children are now living?	
		b. How many children were born alive but are now dead?	
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREG- NANCY		18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
40 WEEKS		8 LBS. 1 OZS.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Unknown</i> , Y 39.6	
		20b. MATERNAL CAUSES <i>None</i> .	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
<i>None</i>		<i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:52 p.m.		23a. ATTENDANT'S SIGNATURE <i>D. E. Mull, M.D.</i>	(Specify if M. D., midwife, or other)
		23b. DATE SIGNED <i>3-14-51</i>	
25a. BURIAL, CREMA- TION, REMOVAL (Specify)		25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL
			25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>Catherine Lewis</i>	26. FUNERAL DIRECTOR ADDRESS



RECEIVED

(1949 Revision of Standard Certificate)

28 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No.....

Local Reg. No.....

Reg. Dist. No. 362

129

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Nampac. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Canyon

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Nampad. STREET
ADDRESS (If rural, give location)

312 West Roosevelt

3. CHILD'S NAME
(Type or Print)

WENDELL EUGENE CHASE

4. SEX

5a. THIS BIRTH

male

5b. IF TWIN OR TRIPLET (This child born)

1ST

2ND

3RD

6. DATE OF
STILLBIRTH

(Month) (Day) (Year)

March 8, 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Wendell

Chase

white

9. AGE (At time of this birth)

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

33

YEARS

Huston, Idaho

Captain, Police

Nampa Police Dept.

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Helen

M.

Johnson

13. COLOR OR RACE

white

14. AGE (At time of this birth)

15. BIRTHPLACE (State or foreign country)

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

31

YEARS

Caldwell, Idaho

a. How many children are now living?

2

b. How many children were born alive but are now dead?

1

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Wendell Chase

18a. LENGTH OF PREG-

NANCY
26
WEEKS18b. WEIGHT AT BIRTH
3 LBS. 9 OZS.

19

Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Prematurity. (7 mos)

Y36.2

20b. MATERNAL CAUSES

Abruption Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none.

22. STATE ALL OPERATIONS FOR DELIVERY

Caesarean Section.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:30 P.M.

23a. ATTENDANT'S SIGNATURE

WMB Ross.

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

3/14/51

23c. ATTENDANT'S ADDRESS

Nampa, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORIUM

25d. LOCATION (City, town, or county)

(State)

Burial

3/12/51

Kohlerlawn Cemetery

Nampa, Idaho

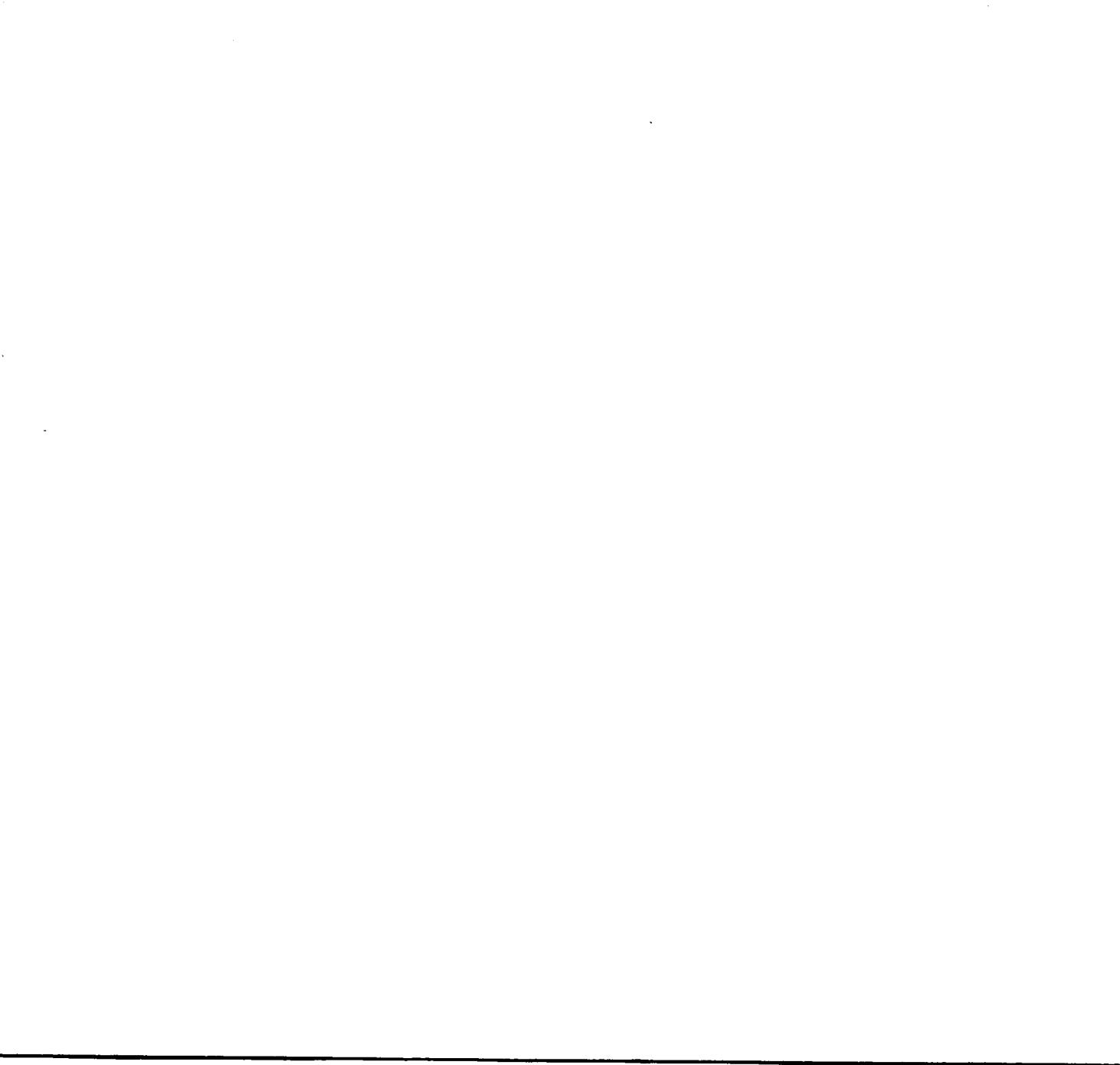
ADDRESS

DATE REC'D BY LOCAL
REG. OFFICER

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

Mar. 25, 1951. Lydia Rodger deceased, Edmiston, Idaho
Robinson-Alsip Chapel



RECEIV

PHS-797(1)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
DIVISION OF VITAL

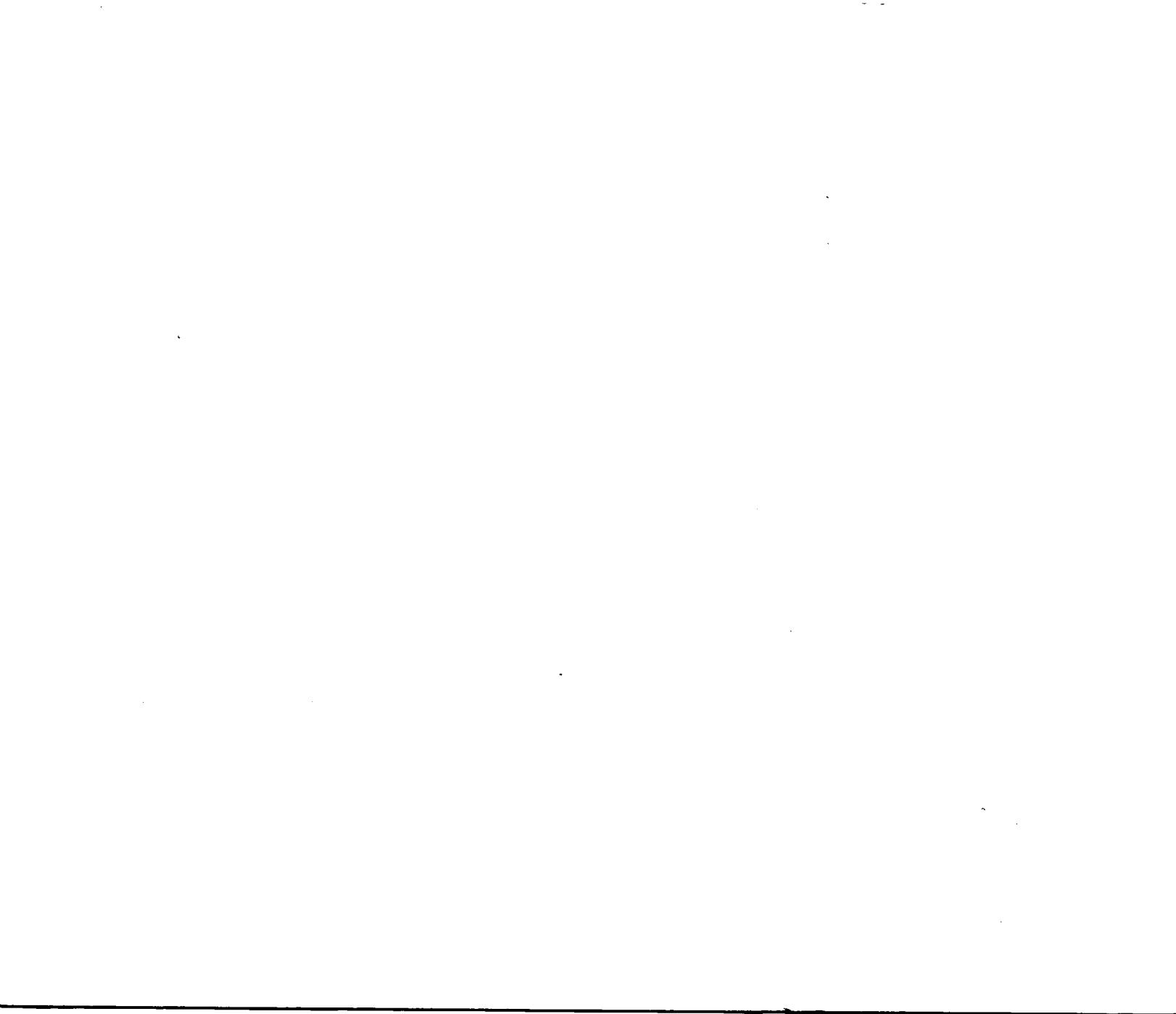
APP 14 1951

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 18
Local Reg. No. 18
Reg. Dist. No. 1850

130

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY	Fremont	a. STATE	Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	St. Anthony	b. COUNTY	Fremont	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Anthony Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Drummond	
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)		
BABY GIRL NEINDORF				
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	STILLBIRTH March 17, 1951	
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Bob Neindorf				White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY
28 YEARS	Drummond, Idaho	Farmer		
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Joyce Greenhalgh				White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
19 YEARS	St. Anthony RFD, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT	Drummond	0	0	0
18a. LENGTH OF PREG. NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date Nov. 1950
20a. FETAL CAUSES		20b. MATERNAL CAUSES		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		Cephalo-pelvic disproportion		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY		
Cephalo-pelvic disproportion		Left Meso Lateral Episiotomy		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:45 A.m.		23a. ATTENDANT'S SIGNATURE J.O. Branton M.D.		(Specify if M. D., midwife, or other)
		23c. ATTENDANT'S ADDRESS St. Anthony Idaho		23b. DATE SIGNED 17 March 5,
		24. SIGNATURE OF AUTHORIZED OFFICIAL M.L. Hansen	TITLE	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE 18 March 51	25c. NAME OF CEMETERY OR CREMATORIAL Pineview	25d. LOCATION (City, town, or county) (State) Ashton, Idaho.
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE M.L. Hansen	26. FUNERAL DIRECTOR M.L. Hansen	ADDRESS St. Anthony, Idaho



RECEIVED
MAY 1 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL

STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

131

Local Reg. No.

13

Reg. Dist. No.

427

1. PLACE OF STILLBIRTH

a. COUNTY

Minidoka

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Rupert

c. FULL NAME OF (if not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Rupert General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Minidoka

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Rupert

d. STREET ADDRESS (If rural, give location)

905 B. Street

3. CHILD'S NAME

(Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
F	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	(Month) (Day) (Year) 2 13 51

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Carroll Myers Elmore

8. COLOR OR RACE

White

9. AGE (At time of this birth)

28 YEARS

10. BIRTHPLACE (State or foreign country)

Idaho

11a. USUAL OCCUPATION

Physician

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Eleanor Ten Broeck Howard

13. COLOR OR RACE

White

14. AGE (At time of this birth)

27 YEARS

15. BIRTHPLACE (State or foreign country)

Michigan

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0 0 0

17. INFORMANT

Father

18a. LENGTH OF PREG-

NANCY
33 WEEKS

18b. WEIGHT AT BIRTH

3 LBS. 4 OZS.

19 Was a standard serological test for syphilis performed? Yes No

Approximate date Sept. 1950

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

[Two Premature (very small placenta)]

now known

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

Cesarean

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

J. J. Kenney

Specify if M. D., midwife, or other

23b. DATE SIGNED

2-14-51

23c. ATTENDANT'S ADDRESS

Rupert, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION-REMOVAL (Specify)

Burial

25b. DATE

2-17-51

25c. NAME OF CEMETERY OR CREMATORIAL

Rupert Cemetery

25d. LOCATION (City, town, or county) (State)

Rupert Idaho

DATE REC'D BY LOCAL
REG.

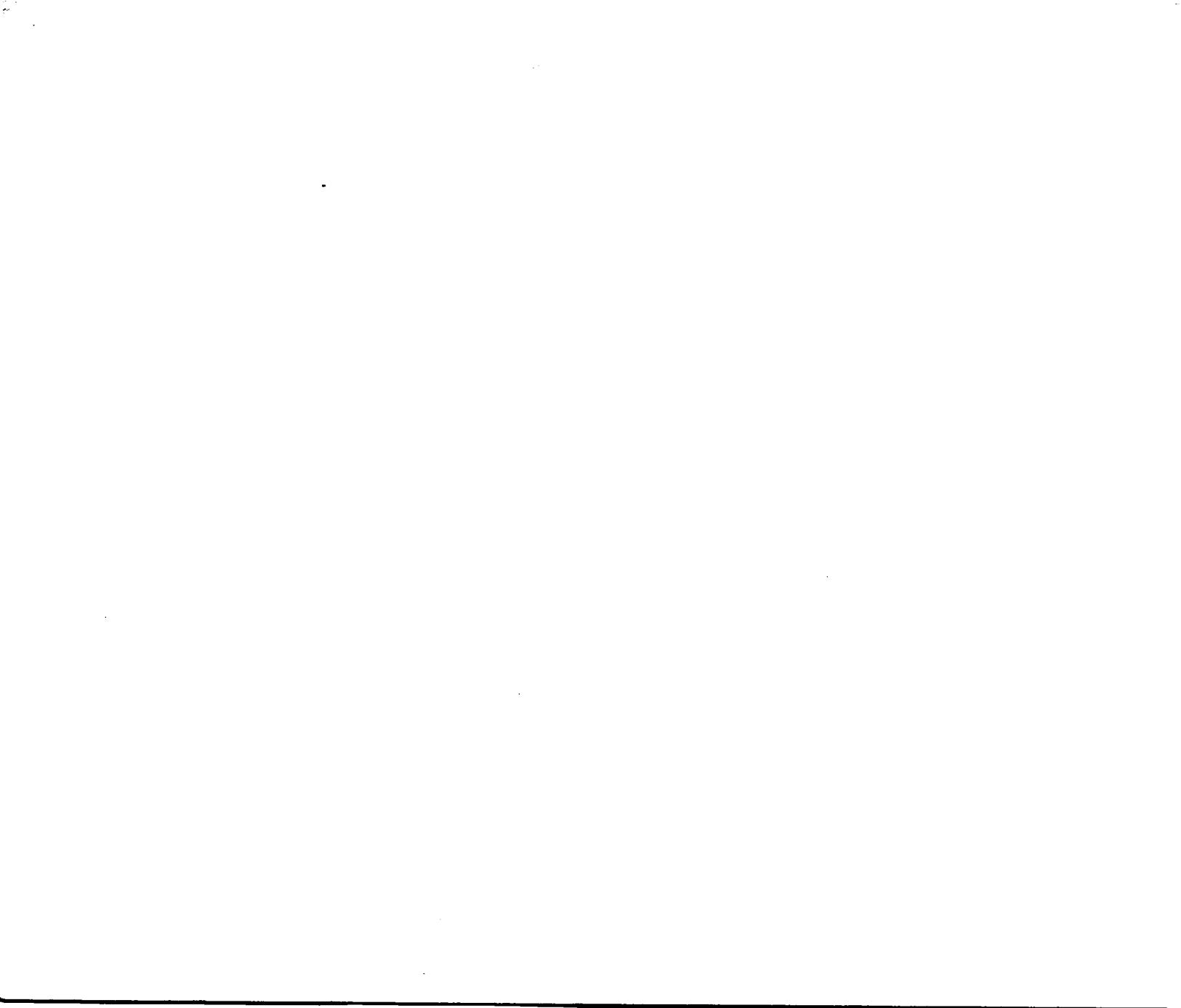
3-7-51

REGISTRAR'S SIGNATURE

D. K. Ellmore, Rodney Goodman, Rupert Idaho

26. FUNERAL DIRECTOR

ADDRESS



RECEIVED
APR 1 1951 (1949 Revision of Standard Certificate)
DIVISION OF CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 32

Local Reg. No. 17

Reg. Dist. No. 450

1. PLACE OF STILLBIRTH

a. COUNTY

Minidoka

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Rupert

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Christensen Nursery

3. CHILD'S NAME

(Type or Print)

Wendell McLean Baby

4. SEX

Male.

5a. THIS BIRTH

 SINGLE TWIN TRIPLET 1ST 2ND 3RD6. DATE OF
STILLBIRTH

March 24 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

9. AGE (At time of this birth)

34

YEARS

10. BIRTHPLACE (State or foreign country)

Fallon Nevada

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

white

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

14. AGE (At time of this birth)

31

YEARS

14. BIRTHPLACE (State or foreign country)

Columbus Mo

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Wendell M. McLean

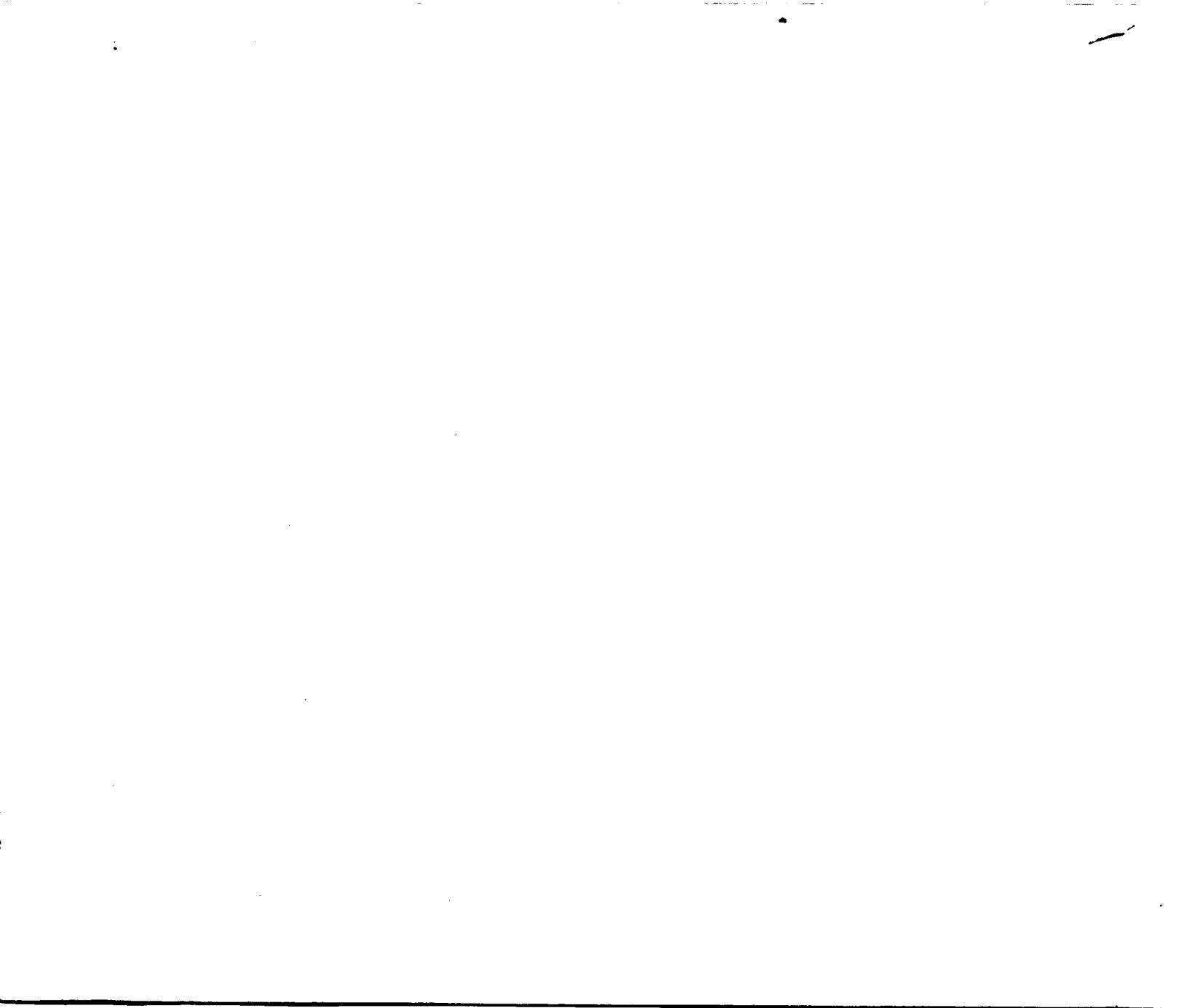
1

18a. LENGTH OF PREG.
NANCY8
WEEKS

18b. WEIGHT AT BIRTH

8
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes No

Approximate date 36.0



APR 16 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

STATE OF IDAHO

State of Idaho

State File No. 033

Local Reg. No. 59

Reg. Dist. No. 202

1. PLACE OF STILLBIRTH

a. COUNTY

Hecetae

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Lewiston

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's

3. CHILD'S NAME

(Type or Print)

Baby Boy Kaufman

4. SEX

5a. THIS BIRTH

Male

SINGLE TWIN TRIPLET 1ST 2ND 3RD 6. DATE OF
STILLBIRTH

3 - 30 - 51

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Raymond Lawrence Kaufman

white

9. AGE (At time of this birth)

20

YEARS

10. BIRTHPLACE (State or foreign country)

Lewiston, Idaho

11a. USUAL OCCUPATION

Grader

11b. KIND OF BUSINESS OR INDUSTRY

Lumber

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Shirley

Jones

white

14. AGE (At time of this birth)

19

YEARS

15. BIRTHPLACE (State or foreign country)

Colton, Wash.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? 1

b. How many children were born alive but are now dead? 0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT

Ray Kaufman

18a. LENGTH OF PREG-

NANCY

Term WEEKS

18b. WEIGHT AT BIRTH

7 LBS. 14 OZS.

Approximate date

Was a standard serological test for syphilis performed? Yes No

Y36,2

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Premature separation of placenta

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Drs. McRae

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

4-11-57

23c. ATTENDANT'S ADDRESS

Lewiston, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

25b. DATE

3-31-51

25c. NAME OF CEMETERY OR CREMATORIAL

Normal Hill

25d. LOCATION (City, town, or county)

Lewiston, Idaho (State)

DATE REC'D BY LOCAL
REG.

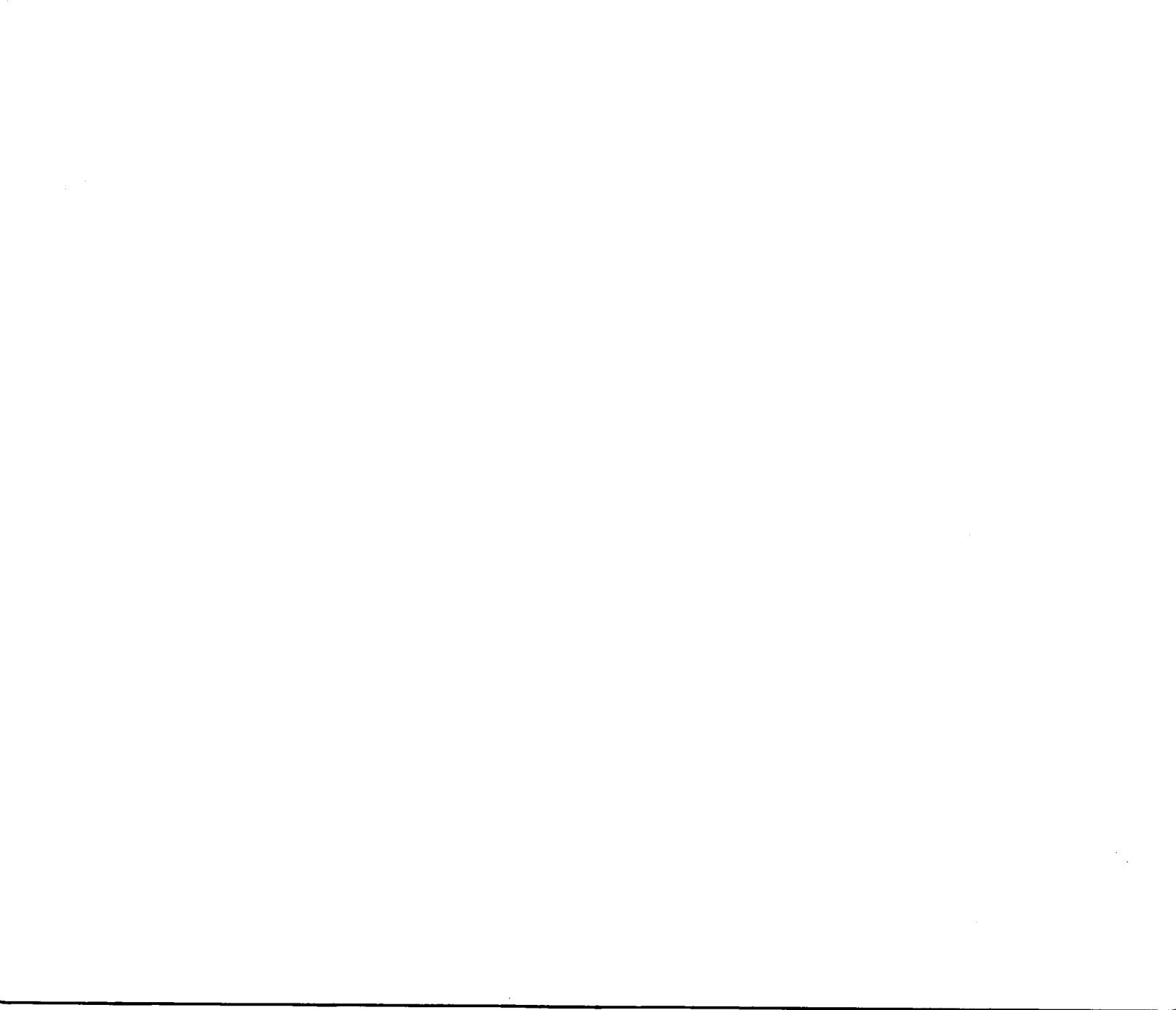
4-12-51

26. FUNERAL DIRECTOR

Alice Nethken

26. FUNERAL DIRECTOR

W. Wasser-Lewiston, Idaho ADDRESS



MARCH 13 1951

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

DIVISION OF VITAL

State File No. 34
Local Reg. No. 1
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH

a. COUNTY

Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Twin Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Twin Falls Co. Hosp.

3. CHILD'S NAME

(Type or Print)

Baby

Starnes

4. SEX

Male

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF

STILLBIRTH

(Month)

(Day)

(Year)

3

24

51

7. FATHER'S
NAME

a. (First)

Leslie

b. (Middle)

William

c. (Last)

Starnes Jr.

8. COLOR OR RACE

White

9. AGE (At time of this birth)

18 YEARS

10. BIRTHPLACE (State or foreign country)

Kansas

11a. USUAL OCCUPATION

Farmhand

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

Mildred

b. (Middle)

Lucille

c. (Last)

Hadley

13. COLOR OR RACE

White

14. AGE (At time of this birth)

19 YEARS

15. BIRTHPLACE (State or foreign country)

Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Mr. Leslie W. Starnes Jr. Father

0

0

1

18a. LENGTH OF PREG-

NANCY

20 WEEKS

18b. WEIGHT AT BIRTH

-- LBS. -- OZS.

Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Maturity - anomalies

Y 38.6

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

Jane Anderson MD

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

3/26/51

23c. ATTENDANT'S ADDRESS

Twin Falls

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORIAL

25d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

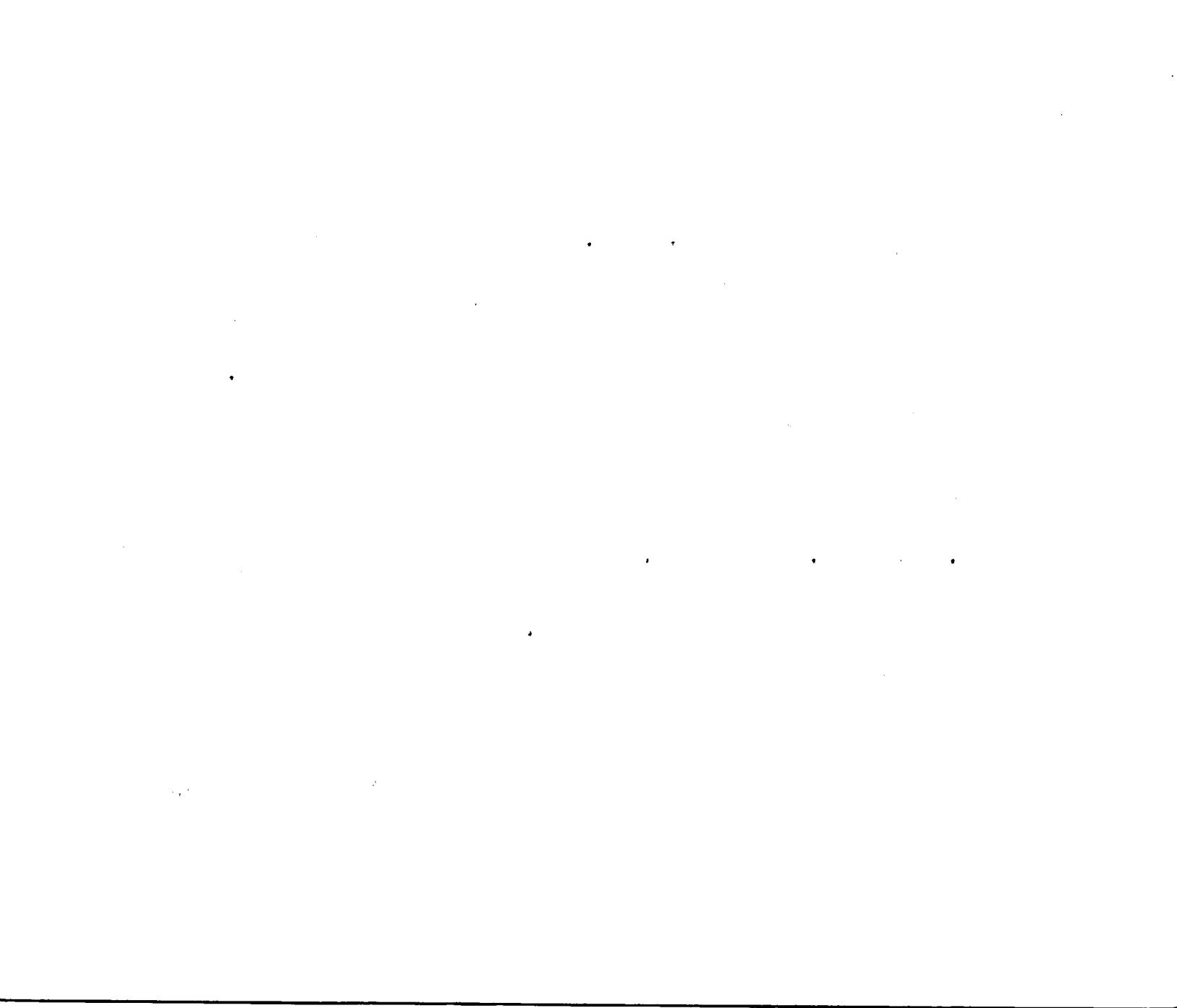
March 29, 1951

REGISTRAR'S SIGNATURE

Jane Anderson

26. FUNERAL DIRECTOR

ADDRESS



NEC 1951

(1949 Revision of Standard Certificate)

APRIL 3 1951 CERTIFICATE OF STILLBIRTH

VISION OF VITA:

State of Idaho

State File No.

135

Local Reg. No.

2

Reg. Dist. No.

460

1. PLACE OF STILLBIRTH

a. COUNTY

Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Twin Fallsc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Magic Valley Memorial Hosp.

3. CHILD'S NAME

(Type or Print)

Lynette Phillips

4. SEX <i>g</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 26, 1951
--------------------	---	--	---

7. FATHER'S NAME	a. (First) Wayne	b. (Middle) S.	c. (Last) Phillips	8. COLOR OR RACE White
---------------------	------------------	----------------	--------------------	---------------------------

9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Buhl, Idaho	11a. USUAL OCCUPATION Meat Cutter	11b. KIND OF BUSINESS OR INDUSTRY Meat Business
--	--	--------------------------------------	--

12. MOTHER'S MAIDEN NAME	a. (First) Frances	b. (Middle)	c. (Last)	13. COLOR OR RACE White
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14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Stillwater, Okla.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? Two		
---	--	---	--	--

17. INFORMANT <i>X Wayne S. Phillips</i>	18a. LENGTH OF PREG- NANCY 25 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 8 OZS.	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
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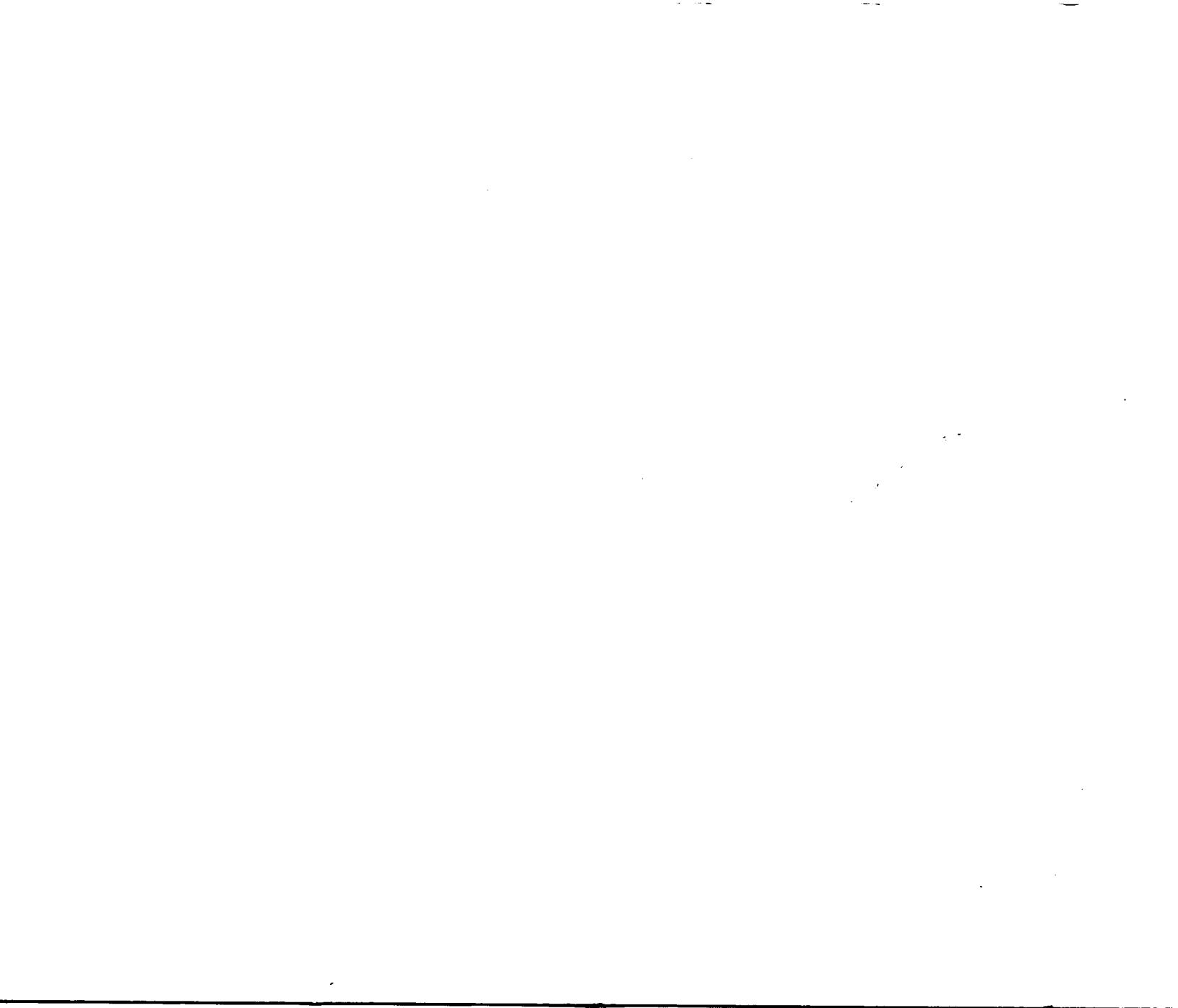
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	<i>Cause not known</i>			<i>Y39.6</i>
20b. MATERNAL CAUSES	<i>Not known</i>			

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Premature labor</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>
--	--

I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>8:10 p.m.</i>	23a. ATTENDANT'S SIGNATURE <i>Vern H. Anderson, M.D.</i>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED <i>Mar 26, 1951</i>
	23c. ATTENDANT'S ADDRESS <i>Buhl, Idaho</i>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

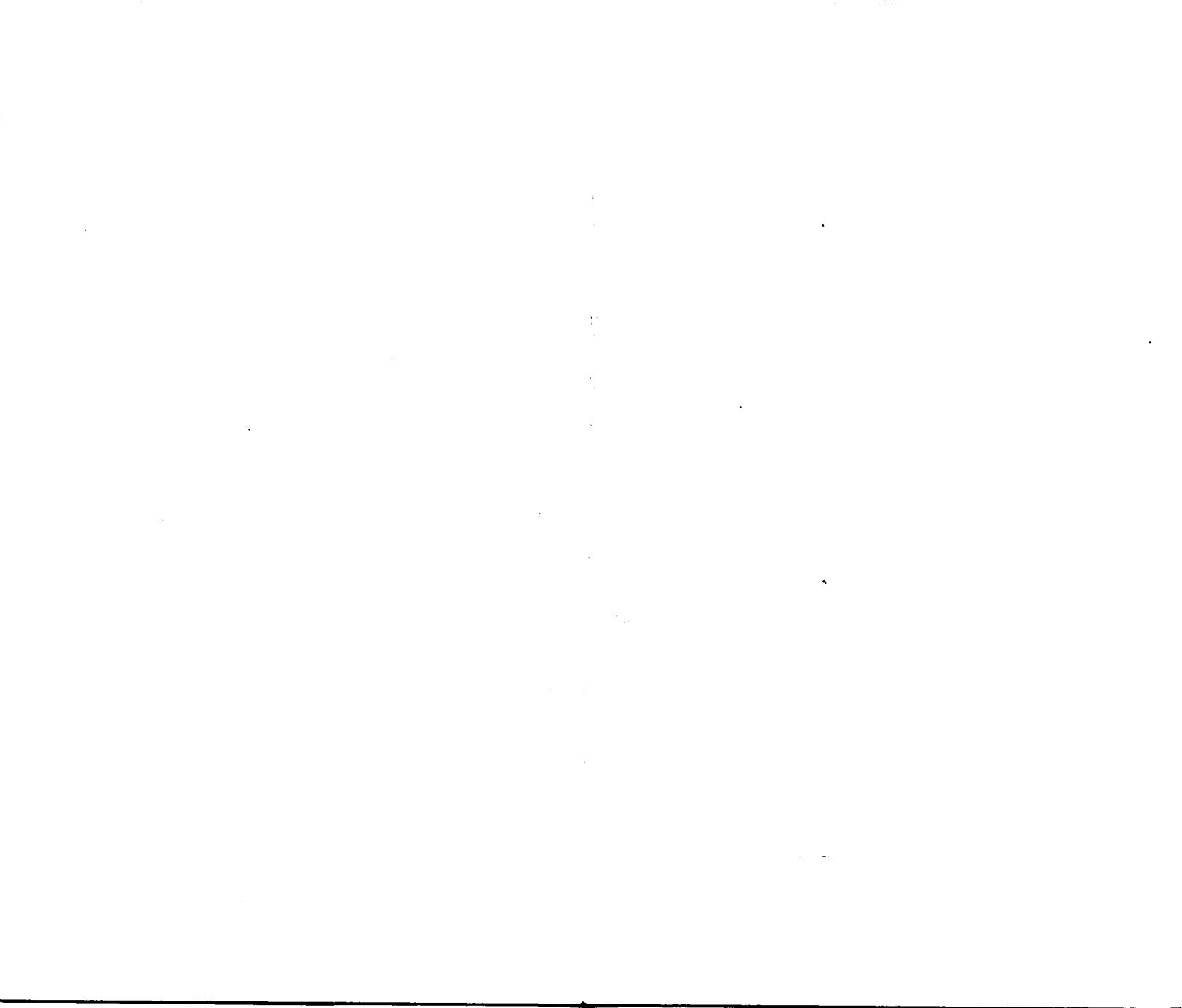
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>March 28, '51</i>	25c. NAME OF CEMETERY OR CREMATORIUM <i>Buhl City Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Buhl Idaho</i>
---	-----------------------------------	---	---

DATE REC'D BY LOCAL <i>April 7, 1951</i>	REGISTRAR'S SIGNATURE <i>Jane Anderson</i>	26. FUNERAL DIRECTOR <i>Ross Brather</i>	ADDRESS <i>Buhl, Idaho</i>
		Albertson Funeral Home	



RECEIVED
CERTIFICATE OF STILLBIRTH
APR 18 1951 State of IdahoState File No. 036
Local Reg. No. 126
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY STATISTICS Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Horseshoe Bend	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonsus		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Williams			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 7, 1951
7. FATHER'S NAME Lawrence	a. (First) Cleo	b. (Middle) Williams	c. (Last) White
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Mill Worker	11b. KIND OF BUSINESS OR INDUSTRY Sawmill
12. MOTHER'S MAIDEN NAME Louise	a. (First) Buchanan	b. (Middle) White	c. (Last) White
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Missouri	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>X me or a Corp</i>	18a. LENGTH OF PREG- NANCY <i>Term</i> WEEKS 4	18b. WEIGHT AT BIRTH LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov. 27, 1950
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Junction of umbilical cord</i> Y36.0		
	20b. MATERNAL CAUSES <i>None</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>L. Hollingsworth</i>	(Specify if M. D., midwife, or other) M.D.
		23c. ATTENDANT'S ADDRESS <i>none</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>4-9-51</i>
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE 4-8-51	25c. NAME OF CEMETERY OR CREMATORIAL Horseshoe Bend,	25d. LOCATION (City, town, or county) (State) Horseshoe Bend, Idaho
DATE REC'D BY LOCAL REG. 4-10-51	REGISTRAR'S SIGNATURE <i>Mynle Palmer</i>	26. FUNERAL DIRECTOR <i>G. E. Alden</i>	ADDRESS Boise, Idaho
McBratney-Alden			



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY
PUBLIC HEALTH SERVICE

APR 1 4 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

033

1. PLACE OF STILLBIRTH

a. COUNTY

Bannock

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Sacatello

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

General Hosp.

3. CHILD'S NAME

(Type or Print)

CATHERINE WESTON MCINTOSH

4. SEX

F

5a. THIS BIRTH

 SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

 1ST 2ND 3RD6. DATE OF
STILLBIRTH(Month) (Day) (Year)
April 6, 19517. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

W

9. AGE (At time of this birth)

36

10. BIRTHPLACE (State or foreign country)

YEARS

Redlands Cal.

11a. USUAL OCCUPATION

Janet S.C.

11b. KIND OF BUSINESS OR INDUSTRY

PROFESSOR

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

W

14. AGE (At time of this birth)

34

15. BIRTHPLACE (State or foreign country)

YEARS

Slater ms.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
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17. INFORMANT

Carl W. McIntosh

18a. LENGTH OF PREG-

NANCY
WEEKS

18b. WEIGHT AT BIRTH

LBS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

Y 36.2

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

{ abruptio placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:20 p.m.

23a. ATTENDANT'S SIGNATURE

(Specify N.M.D., midwife, or other)

Dr. Tolson C. D. 4/10/51

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

4-7-51

25c. NAME OF CEMETERY OR CREMATORIAL

Mountainview

25d. LOCATION (City, town, or county)

(State)

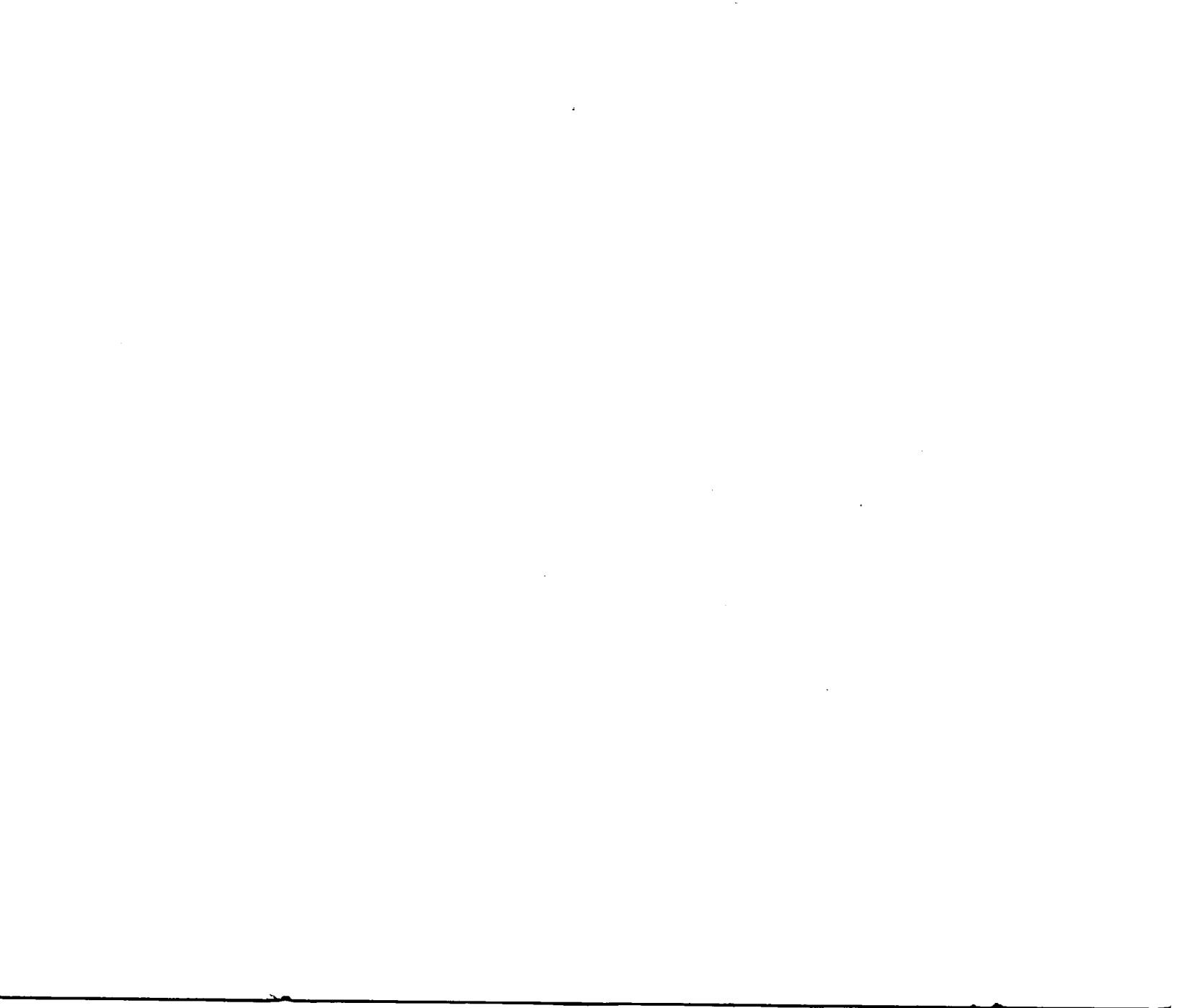
Pocatello, Idaho

DATE REC'D BY LOCAL
REG.

APP 13 1951

REGISTRAR'S SIGNATURE

Catherine Amer Byron B. Downard - Pocatello
2d.



APR 14 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL

STATES

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 032

Local Reg. No. 88

Reg. Dist. No. 5-10

1. PLACE OF STILLBIRTH

a. COUNTY

Bannock

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Pocatello

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Anthony Mercy Hospital

3. CHILD'S NAME

(Type or Print)

Harvey Murdock

4. SEX

5a. THIS BIRTH

male

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD 6. DATE OF
STILLBIRTH

(Month)

(Day)

(Year)

4 1 51 2:30 p.m.

7. FATHER'S
NAME

a. (First)

b. (Middle)

Harvey

L.

c. (Last)

Murdock

8. COLOR OR RACE

white

9. AGE (At time of this birth)

25 YEARS

10. BIRTHPLACE (State or foreign country)

Heber City, Utah

11a. USUAL OCCUPATION

Athletic Coach

11b. KIND OF BUSINESS OR INDUSTRY

Pocatello High School

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

Carol

Jean

c. (Last)

Maughn

13. COLOR OR RACE

white

14. AGE (At time of this birth)

20 YEARS

15. BIRTHPLACE (State or foreign country)

Ogden, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

Harvey L. Murdock father

1

0

18a. LENGTH OF PREG-

NANCY
22 WEEKS

18b. WEIGHT AT BIRTH

2 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

20a. FETAL CAUSES

CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Prematurity

Y 39.5

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Continuous loss of amniotic fluid

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at 2:30 p.m.

23a. ATTENDANT'S SIGNATURE

Specify if M. D., midwife, or other

23c. ATTENDANT'S ADDRESS

George J. Cox M.D.

23b. DATE SIGNED

4/4/51

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

25b. DATE

4-1-51

25c. NAME OF CEMETERY OR CREMATORIUM

Heber City

25d. LOCATION (City, town, or county)

Heber City

(State)

Utah

DATE REC'D BY LOCAL
REG. REG.

APR 13 1951

REGISTRAR'S SIGNATURE

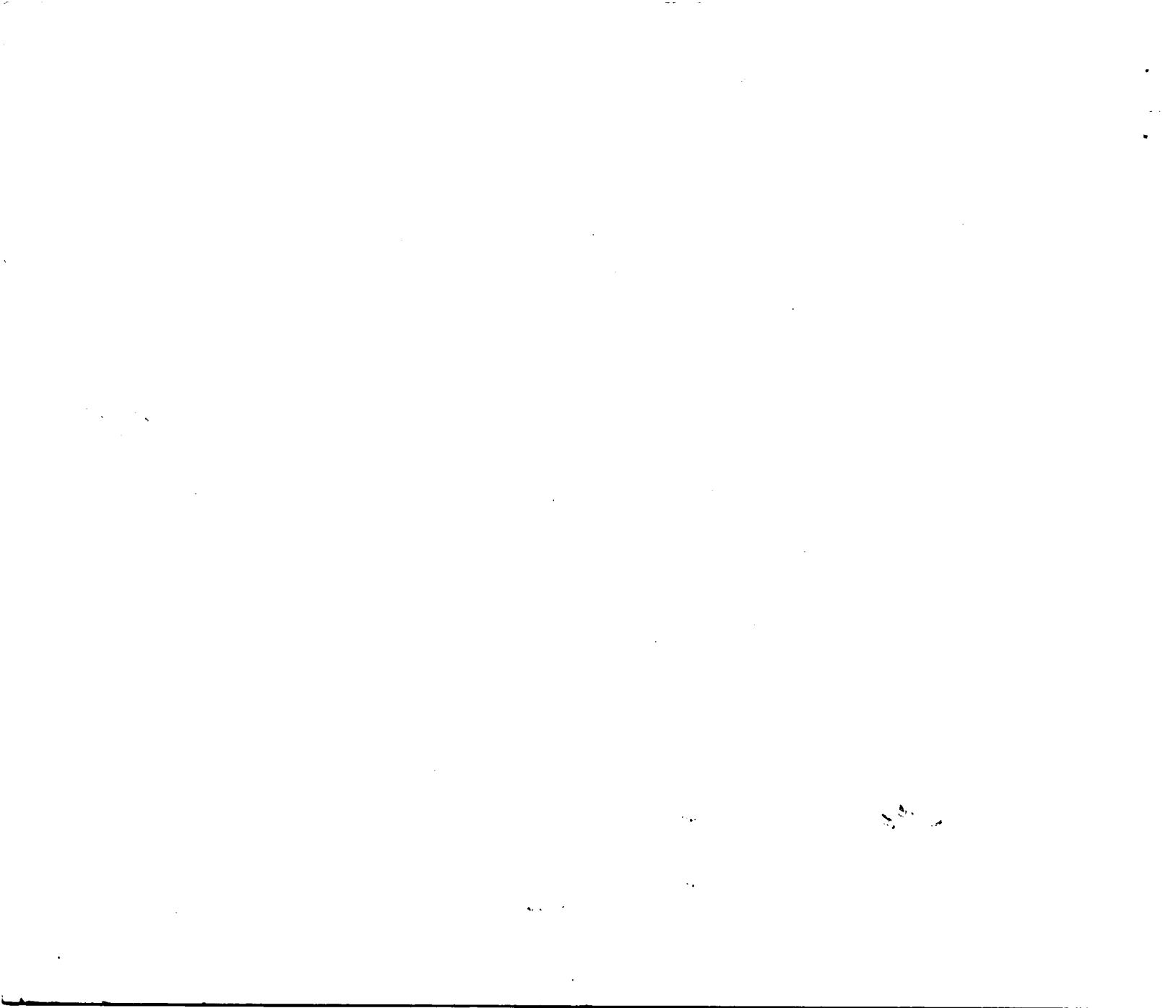
Tatherine

26. FUNERAL DIRECTOR

Byron B. Deoward

ADDRESS

Pocatello 2d.



RECEIVED (19 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 ADD 21 1951

State of Idaho

State File No.

Local Reg. No.

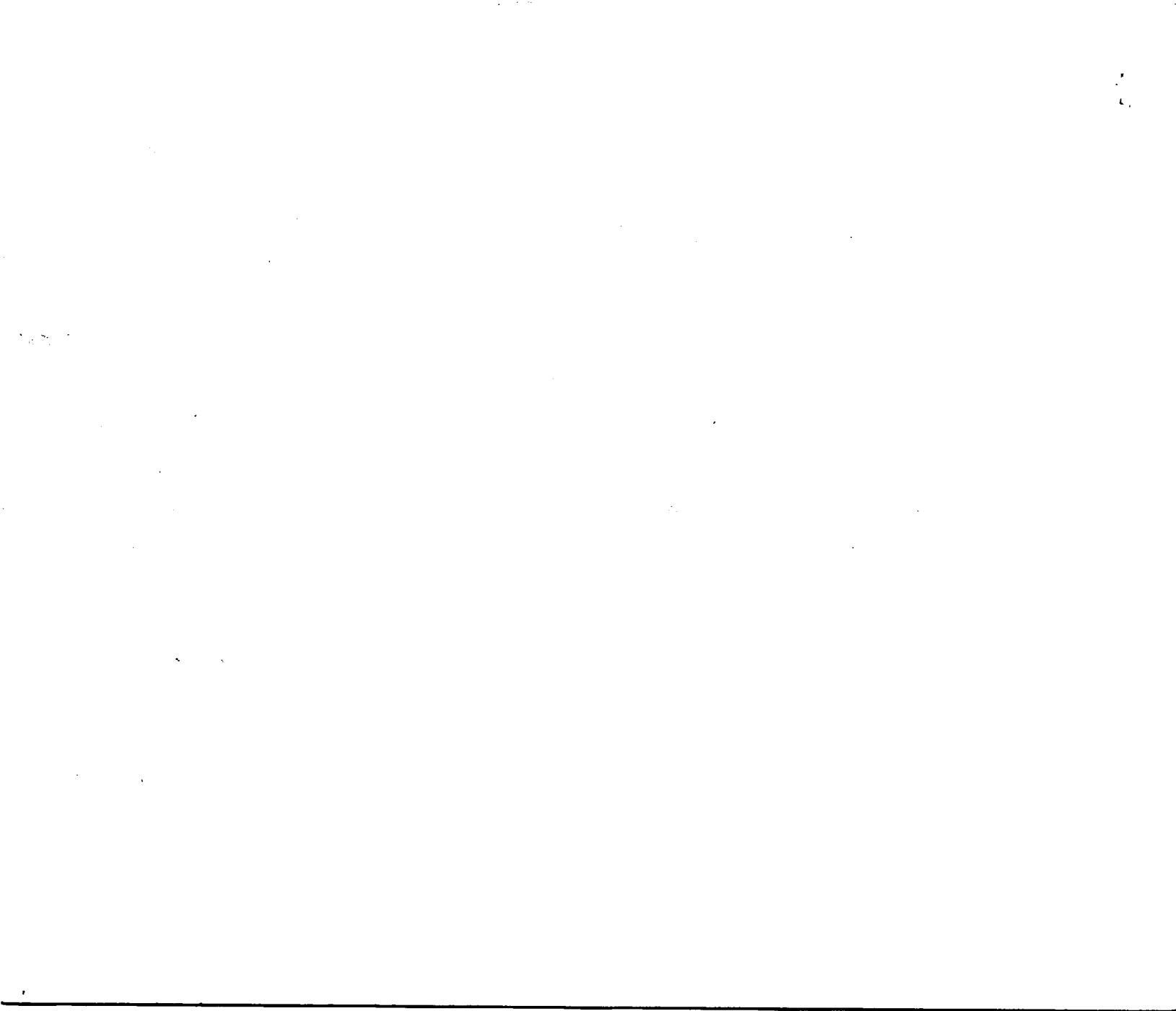
Reg. Dist. No.

839

99

270

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bannock		a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township or town) Pocatello		c. CITY (If outside corporate limits, write RURAL and give township or town) Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 1231 North Garfield	
3. CHILD'S NAME (Type or Print) Baby Boy Nielsen			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) 4 (Day) 1 (Year) 51 5:35 p.m.
7. FATHER'S NAME Douglas	a. (First) K.	b. (Middle) Nielsen	c. (Last) white
9. AGE (At time of this birth) 46 YEARS	10. BIRTHPLACE (State or foreign country) Weston, Idaho	11a. USUAL OCCUPATION Barber	11b. KIND OF BUSINESS OR INDUSTRY Nielsen's Barber Shop
12. MOTHER'S MAIDEN NAME Wanda	a. (First) Vivian	b. (Middle) Peacock	c. (Last) white
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Briggs, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREG-NANCY 38 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 7 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date y 36.1	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>External implantation of cord in Placenta</i>		20b. MATERNAL CAUSES <i>Marginal Placenta Previa</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Marginal Placenta Previa, Rupture of membranes</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:35 p.m.</i>	
23a. ATTENDANT'S SIGNATURE <i>Alpha B. Negley M.D.</i>		23b. DATE SIGNED 4-11-51	
24a. ATTENDANT'S ADDRESS <i>Bozeman, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4-2-51	25c. NAME OF CEMETERY OR CREMATORIAL Mountain View	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. APR 21 1951	REGISTRAR'S SIGNATURE <i>Katharine Lee</i>	26. FUNERAL DIRECTOR <i>John W. Hall</i>	ADDRESS



RECEIVED

(1949 Revision of Standard Certificate)

MAY 9 1951

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

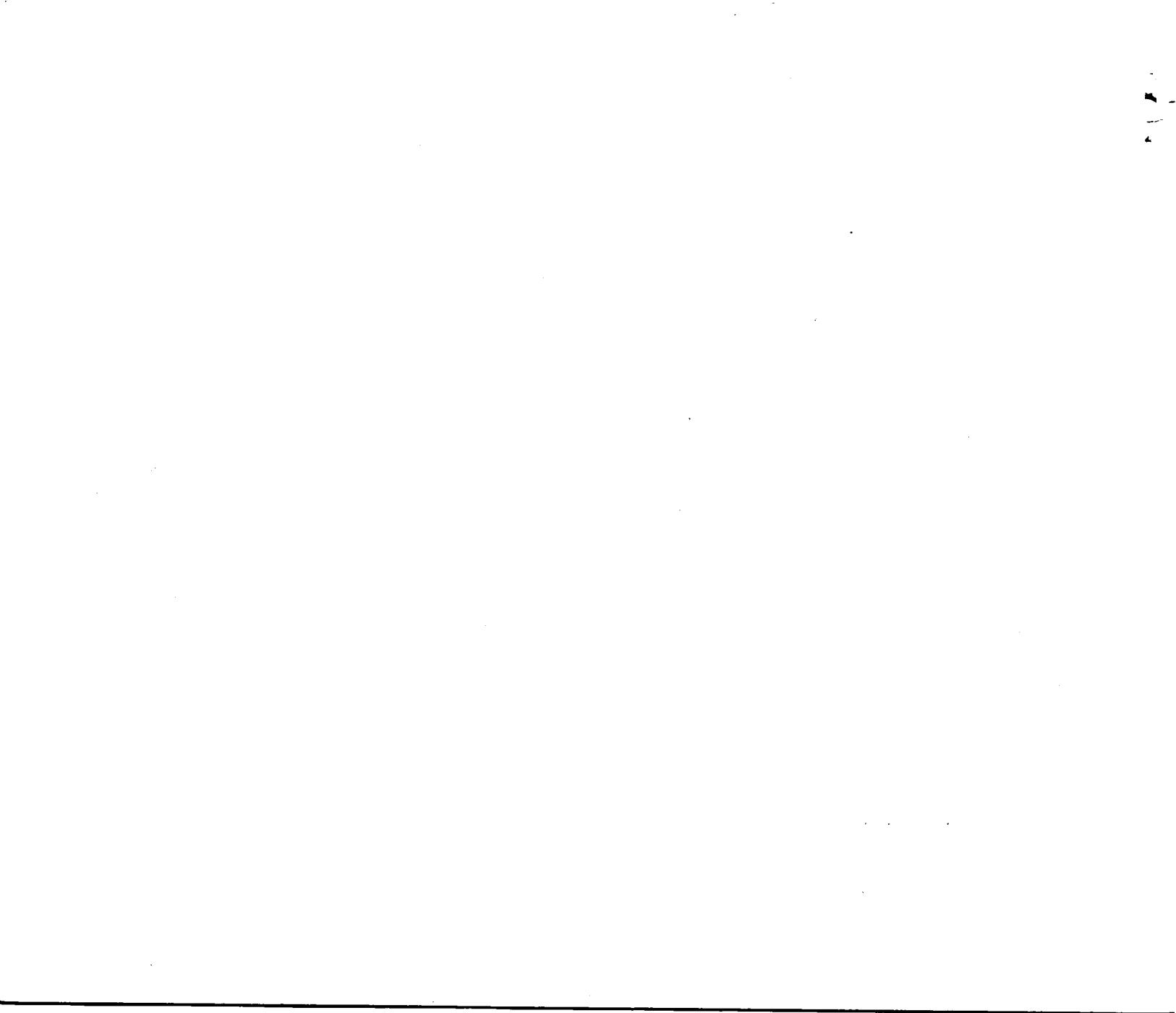
State File No.

Local Reg. No.

Reg. Dist. No.

640

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bannock	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello	b. COUNTY	Bannock
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Anthony Mercy Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Fort Hall
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
Baby girl Wahtomy		Fort Hall, Idaho	
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) 4 (Day) 29 (Year) 51
7. FATHER'S NAME	a. (First) Lawrence	b. (Middle)	c. (Last) Wahtomy
8. COLOR OR RACE Indian			
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	11a. USUAL OCCUPATION Deceased	11b. KIND OF BUSINESS OR INDUSTRY Deceased
12. MOTHER'S MAIDEN NAME Mary	a. (First)	b. (Middle)	c. (Last) Quagigant
13. COLOR OR RACE Indian			
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mary Wahtomy	mother		
18a. LENGTH OF PREG- NANCY 36 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Unknown</i>	20b. MATERNAL CAUSES <i>Unknown</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Unknown for pregnancy - Normal birth</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>Normal birth</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:49 a.m.	23a. ATTENDANT'S SIGNATURE <i>George Dickey M.D.</i>	(Specify if M. D., midwife, or other)	
23b. DATE SIGNED 2 May 51			
23c. ATTENDANT'S ADDRESS Pocatello, Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>George Dickey M.D.</i>	TITLE	
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. May 8 1951	REGISTRAR'S SIGNATURE <i>Katherine Auer</i>	26. FUNERAL DIRECTOR ADDRESS	



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 APR 21 1951
 State of Idaho

State File No. 841

Local Reg. No. 28

Reg. Dist. No. 603

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot, Idaho		b. COUNTY Bingham	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moreland, Idaho	
		d. STREET ADDRESS Box 74	

3. CHILD'S NAME
(Type or Print)

Girl # 1**Harrie**

(1:07 A.M.)

4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) April	(Day) 8, 1951	(Year)
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7. FATHER'S NAME Norman	a. (First) Davis	b. (Middle) Harris	c. (Last) White	8. COLOR OR RACE
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9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Tyhee, Idaho	11a. USUAL OCCUPATION Dairy Farmer	11b. KIND OF BUSINESS OR INDUSTRY Dairy Farmer
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12. MOTHER'S MAIDEN NAME Dona	a. (First) Lue	b. (Middle) Merrill	c. (Last) White	13. COLOR OR RACE
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14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Trenton, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None	b. How many children were born alive but are now dead? One	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None
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17. INFORMANT Mrs. Norman d. Harris	Mother	18a. LENGTH OF PREG- NANCY 30 WEEKS	18b. WEIGHT AT BIRTH LBS. Maternal	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9-10-50
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES not known - died in uterus	20b. MATERNAL CAUSES not known
--	--	--

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none	22. STATE ALL OPERATIONS FOR DELIVERY none
---	--

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:07 A.M. Blackfoot, Idaho	23a. ATTENDANT'S SIGNATURE Jessie Parker m.a.	(Specify if M.D., midwife, or other)	23b. DATE SIGNED 4-9-51
	23c. ATTENDANT'S ADDRESS Blackfoot, Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL None	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE April 9, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Bingham Memorial Hospital	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho

DATE REC'D BY LOCAL REG. Apr 10 1951	REGISTRAR'S SIGNATURE Prostaleen E. Faure	FUNERAL DIRECTOR Dorothy J. Ryan RN. - Son of James Blackfoot (In memory) Hospital, Idaho	ADDRESS
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RECEIVED (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

APR 21 1951

State of Idaho

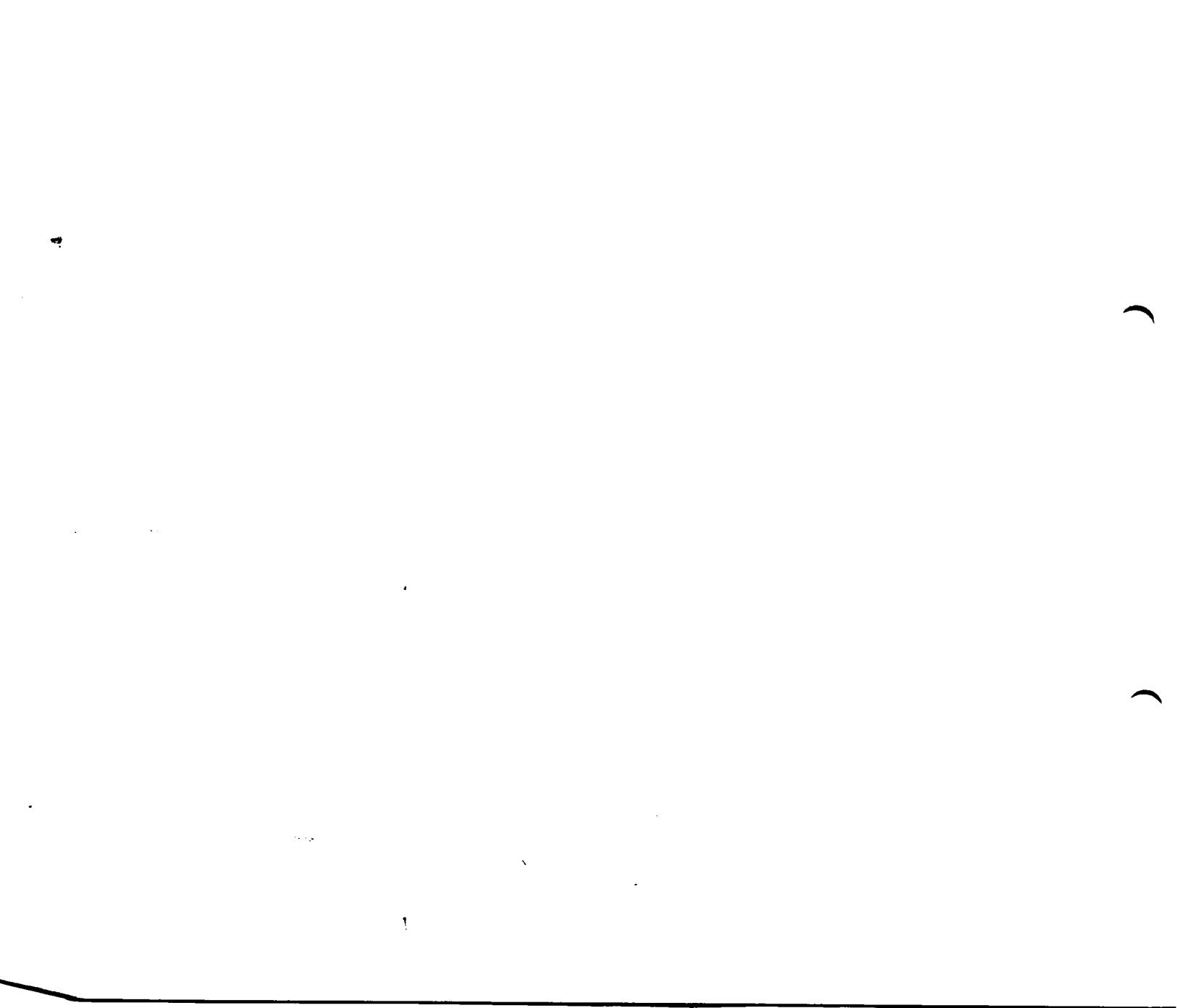
State File No. 0102

Local Reg. No. 59

Reg. Dist. No. 601

DIVISION OF VITAL

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bingham		a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moreland, Idaho	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial		d. STREET ADDRESS (If rural, give location) Box 74	
3. CHILD'S NAME (Type or Print) Baby Girl #2 Harris (1:08 A.M.)			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 8, 1951
7. FATHER'S NAME	a. (First) Norman	b. (Middle) Davis	c. (Last) Harris
8. COLOR OR RACE	White		
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Tyhee, Idaho	11a. USUAL OCCUPATION Dairy, Farmer	11b. KIND OF BUSINESS OR INDUSTRY Dairy Farmer
12. MOTHER'S MAIDEN NAME	a. (First) Dona	b. (Middle) Lue	c. (Last) Merrill
13. COLOR OR RACE	White		
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Trenton, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Mrs. Norman L. Harris</i>			
18a. LENGTH OF PREG. NANCY 30 WEEKS	18b. WEIGHT AT BIRTH LBS. 10.6 OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept. 10, 1951	Y 37.6
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Not Known Died in utero two months before birth		
	20b. MATERNAL CAUSES Not Known		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:08 A.M.		23a. ATTENDANT'S SIGNATURE <i>Norman L. Harris</i> (Specify if M.D., midwife, or other)	
		23b. DATE SIGNED Apr. 9, 1951	
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John E. Palmer</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE April 9, 1951	25c. NAME OF CEMETERY OR CREMATORIUM Bingham Memorial Hospital	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho
DATE REC'D BY LOCAL REG. Apr 10 1951	REGISTRAR'S SIGNATURE <i>John E. Palmer</i>	26. FUNERAL DIRECTOR <i>Dorothy J. Ryan R.N.</i>	ADDRESS <i>111 N. Main Street, Blackfoot, Idaho</i>
B. John E. Palmer			



RECEIVED CERTIFICATE OF STILLBIRTH

APR 21 1951

State of Idaho

State File No. 843

Local Reg. No. 60

Reg. Dist. No. 60

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Blackfoot	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hsp.		d. STREET ADDRESS (If rural, give location) Route #2	
3. CHILD'S NAME (Type or Print) INFANT INOUYE			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 14, 1951
7. FATHER'S NAME Tsugio	a. (First) UMENO	b. (Middle) MATSUMAGA	c. (Last) JAPANESE
9. AGE (At time of this birth) 49 YEARS	10. BIRTHPLACE (State or foreign country) JAPAN	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY ON FARM
12. MOTHER'S MAIDEN NAME NANCY	a. (First) WEEKS	b. (Middle) LBS.	c. (Last) JAPANESE
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) HAWAII	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT Tsugio Inouye	18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH LBS. Approximate date		
19. Was a standard serological test for syphilis performed? Yes..... No..... None		20a. FETAL CAUSES None	
20b. MATERNAL CAUSES Premature separation of placenta		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR See 20 B	
22. STATE ALL OPERATIONS FOR DELIVERY None		23a. ATTENDANT'S SIGNATURE Kenneth C. Matsumura M.D.	
23c. ATTENDANT'S ADDRESS None		23b. DATE SIGNED Y36.2	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE Apr. 15, 1951	
25c. NAME OF CEMETERY OR CREMATORIAL Rexburg Cemetery		25d. LOCATION (City, town, or county) (State) Rexburg, Madison, Idaho	
DATE REC'D BY LOCAL REG. Apr. 15 1951		26. FUNERAL DIRECTOR REG. Mr. Walter E. Tolmie Howard Packham	
REG. Mr. Walter E. Tolmie Howard Packham		ADDRESS Blackfoot, Idaho	



PHS-797(VS)
4-48
FEDERAL SECURITY SERVICE
PUBLIC HEALTH SERVICE

No 283 DR 30 195 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

STATE OF

State of Idaho

State File No. 644
Local Reg. No. 64
Reg. Dist. No. 600

1. PLACE OF STILLBIRTH

a. COUNTY Bingham

b. CITY (If outside corporate limits, write RURAL, and give township)
OR
TOWN Blackfoot, Idaho

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Bingham Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho b. COUNTY Bingham

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Blackfoot, Idaho

d. STREET ADDRESS (If rural, give location)
Route #2

3. CHILD'S NAME
(Type or Print)

Willard L.

Lewis

4. SEX Male

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

6. DATE OF
STILLBIRTH (Month) (Day) (Year)

April 23, 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Leo

Verland

Lewis

White

9. AGE (At time of this birth)

31 YEARS

10. BIRTHPLACE (State or foreign country)

Arora, Utah

11a. USUAL OCCUPATION

Tractor Mechanic

11b. KIND OF BUSINESS OR INDUSTRY

Tractor Mechanic

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Nila

Alone

Gooch

White

14. AGE (At time of this birth)

30 YEARS

15. BIRTHPLACE (State or foreign country)

Blackfoot, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

One

17. INFORMANT

Route #2

Mrs. Nila L. Lewis, Mother Three None

18a. LENGTH OF PREG-

24 WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes _____ No X

Approximate date

X 36.0

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Prolapse of cord
Premature rupture membranes - 3rd Nov.

20b. MATERNAL CAUSES

0

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Prolapsed cord

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:24 P.M.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

Hannah A. Moore, M.D.

23b. DATE SIGNED

24 Apr '51

25a. BURIAL CREMA-
TION REMOVAL (Specify)

Burial

25b. DATE

April 24, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Riverside-Thomas

25d. LOCATION (City, town, or county) (State)

Riverside-Thomas, Idaho

DATE REC'D BY LOCAL
REG.

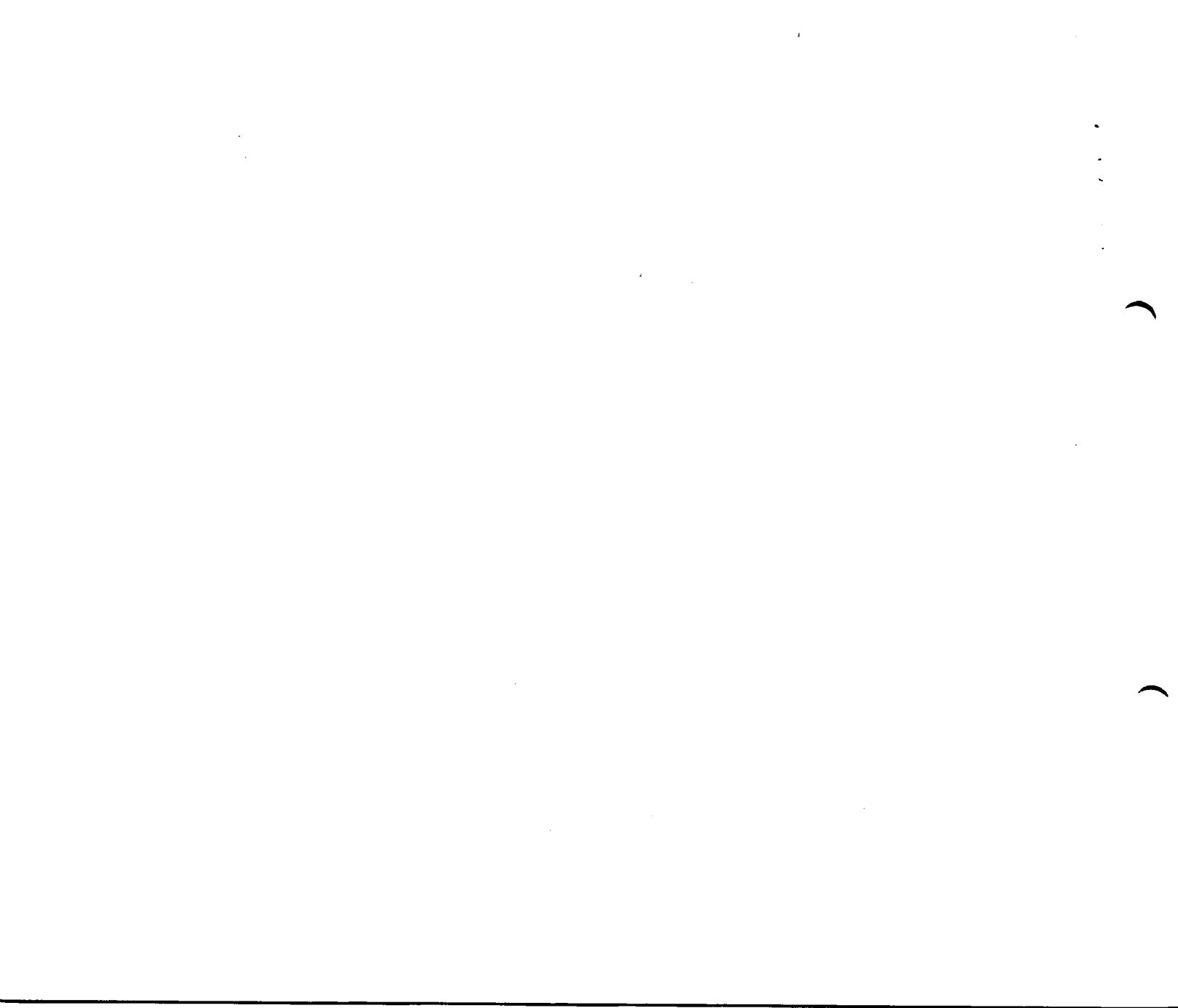
REGISTRAR'S SIGNATURE

Mrs. Helen E. Paquin

26. FUNERAL DIRECTOR

John C. Sandberg, Blackfoot, Idaho

ADDRESS



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAY 12 1950 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL STATISTICS

State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH

a. COUNTY

Bonneville

b. CITY (If outside corporate limits, write RURAL and give township or town)

Idaho Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION

L.D.L. Hospital

3. CHILD'S NAME

(Type or Print)

Luther Ervin Likes

4. SEX

Male

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF STILLBIRTH

(Month) (Day) (Year)
Jan 11, 1951

7. FATHER'S NAME

a. (First)

Ray C. Likes

b. (Middle)

c. (Last)

8. COLOR OR RACE

white

9. AGE (At time of this birth)

24

YEARS

10. BIRTHPLACE (State or foreign country)

Idaho Falls

11a. USUAL OCCUPATION

Ray Labour

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Lois Ann

b. (Middle)

Abner

c. (Last)

13. COLOR OR RACE

white

14. AGE (At time of this birth)

18

YEARS

15. BIRTHPLACE (State or foreign country)

Blackfoot, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)?

17. INFORMANT

Ray C. Likes

18a. LENGTH OF PREGNANCY

Term WEEKS

18b. WEIGHT AT BIRTH

LBS.

100

OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

y30.2

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Mother a severe diabetic

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Milton T. Rees MD

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

2-2-51

23c. ATTENDANT'S ADDRESS

148 N. corner Idaho Falls

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-

TION, REMOVAL (Specify)

25b. DATE

1/2/51

25c. NAME OF CEMETERY OR CREMATORIUM

Rose Hill

25d. LOCATION (City, town, or county) (State)

Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.

REG. OFFICER'S SIGNATURE

April 9-1951

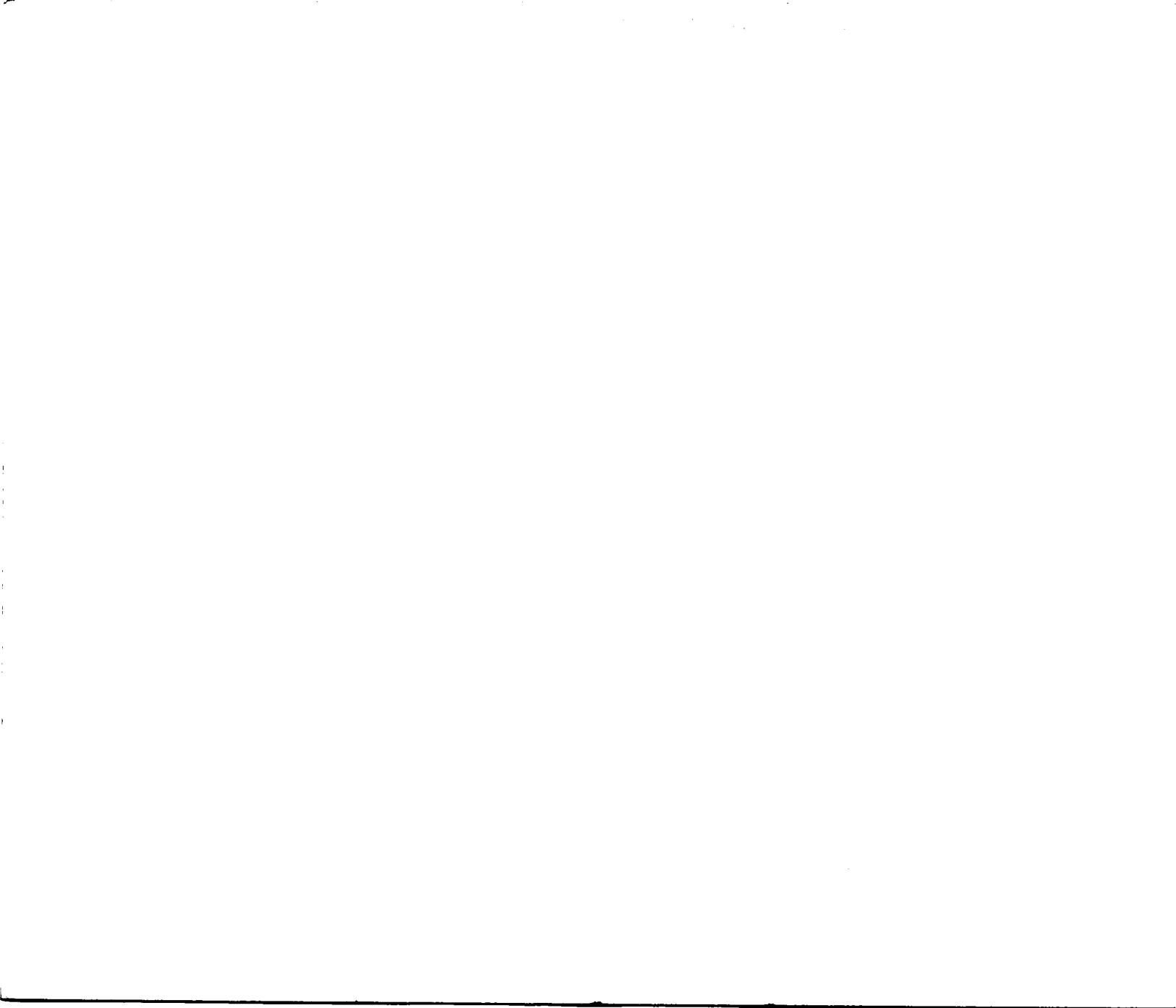
Anna Bengen

26. FUNERAL DIRECTOR

Jack G. Wood

ADDRESS

Idaho Falls, Idaho



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEDIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS

State of Idaho

MAY 12 1950 (1949 Revision of Standard Certificate)

State File No. 646

Local Reg. No. 20

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH

a. COUNTY

Bonner

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

L. & S. Hospital

3. CHILD'S NAME

(Type or Print)

Infant Lott

4. SEX

Male

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

7. FATHER'S

NAME

Clyde

5b. IF TWIN OR TRIPLET (This child born)

(First)

TWIN

1ST

2ND

3RD

(Middle)

(Last)

6. DATE OF

STILLBIRTH

(Month)

(Day)

(Year)

March 19, 1951

9. AGE (At time of this birth)

21
YEARS

10. BIRTHPLACE (State or foreign country)

U.S.A.

COUN.

Idaho

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S

MAIDEN

NAME

a. (First)

Sherry

b. (Middle)

Godfrey

c. (Last)

white

14. AGE (At time of this birth)

17
YEARS

15. BIRTHPLACE (State or foreign country)

Idaho Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Clyde

L. Lott

none

-

-

18a. LENGTH OF PREG-

NANCY

WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes

No

Approximate date

No

739.5

20a. FETAL CAUSES

State only morbid conditions

causing fetal death (do NOT

use such terms as Stillbirth,

Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Prematurity - 6 mos. gestation

age - (youth)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

No

22. STATE ALL OPERATIONS FOR DELIVERY

Normal - spontaneous

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

C. C. Evans

M. D.

23b. DATE SIGNED

3-23-51

23c. ATTENDANT'S ADDRESS

If NOT

attended by

physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-

TION, REMOVAL (Specify)

25b. DATE

3/20/51

25c. NAME OF CEMETERY OR CREMATORI

Lincoln

26. LOCATION (City, town, or county)

(State)

Lincoln, Bonneville, Idaho

27. DATE REC'D BY LOCAL

REG.

28. REGISTRAR'S SIGNATURE

Anna Burge

26. FUNERAL DIRECTOR

ADDRESS

Jack A. Ward, Idaho Falls, Idaho

29. DATE REC'D BY LOCAL

REG.

30. REGISTRAR'S SIGNATURE

Anna Burge

Evelyn

~~RECEIPT~~ CERTIFICATE OF STILLBIRTH

State of Idaho

1950

State File No.

83

Local Reg. No.

610

Reg. Dist. No.

1. PLACE OF STILLBIRTH

a. COUNTY
Bonnevilleb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Idaho Fallsc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION
Idaho Falls L. D. S. Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE
Idahob. COUNTY
Bonnevillec. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Idaho Fallsd. STREET
ADDRESS
(If rural, give location)**800 E. College St.**

3. CHILD'S NAME

(Type or Print)
Infant Smith

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month) (Day) (Year)

March 24 19517. FATHER'S
NAMEa. (First) **Grant**b. (Middle) **F.**c. (Last) **Smith**8. COLOR OR RACE
White

9. AGE (At time of this birth)

33 YEARS

10. BIRTHPLACE (State or foreign country)

Idaho Falls, Idaho

11a. USUAL OCCUPATION

Engineer, Highway

11b. KIND OF BUSINESS OR INDUSTRY

State Dept. of Highways12. MOTHER'S
MAIDEN
NAMEa. (First) **Maxine**b. (Middle) **Wilma**c. (Last) **Blakely**13. COLOR OR RACE
White

14. AGE (At time of this birth)

23 YEARS

15. BIRTHPLACE (State or foreign country)

Heise, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? **1**
b. How many children were born alive but are now dead? **0**
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? **0**

17. INFORMANT

*Joseph F. Smith*18a. LENGTH OF PREG-
NANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes No

Approximate date

Breath Delivery 36.0

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

Prematurity (Constrict around neck 4 times)

20b. MATERNAL CAUSES

Died 3 weeks before birth

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Constrict around neck 4 times

22. STATE ALL OPERATIONS FOR DELIVERY

*Low forceps on after coming head.*I hereby certify that I attended the birth of this child who was born dead on the date stated above at **m.**

23a. ATTENDANT'S SIGNATURE

Joseph M Hatch M.D.

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

5 April 51

23c. ATTENDANT'S ADDRESS

*Idaho Falls Idaho*IF NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

25b. DATE

Mar. 24, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Rose Hill

25d. LOCATION (City, town, or county)

Idaho Falls IdahoDATE REC'D BY LOCAL
REG.**April 12, 1951**

REGISTRAR'S SIGNATURE

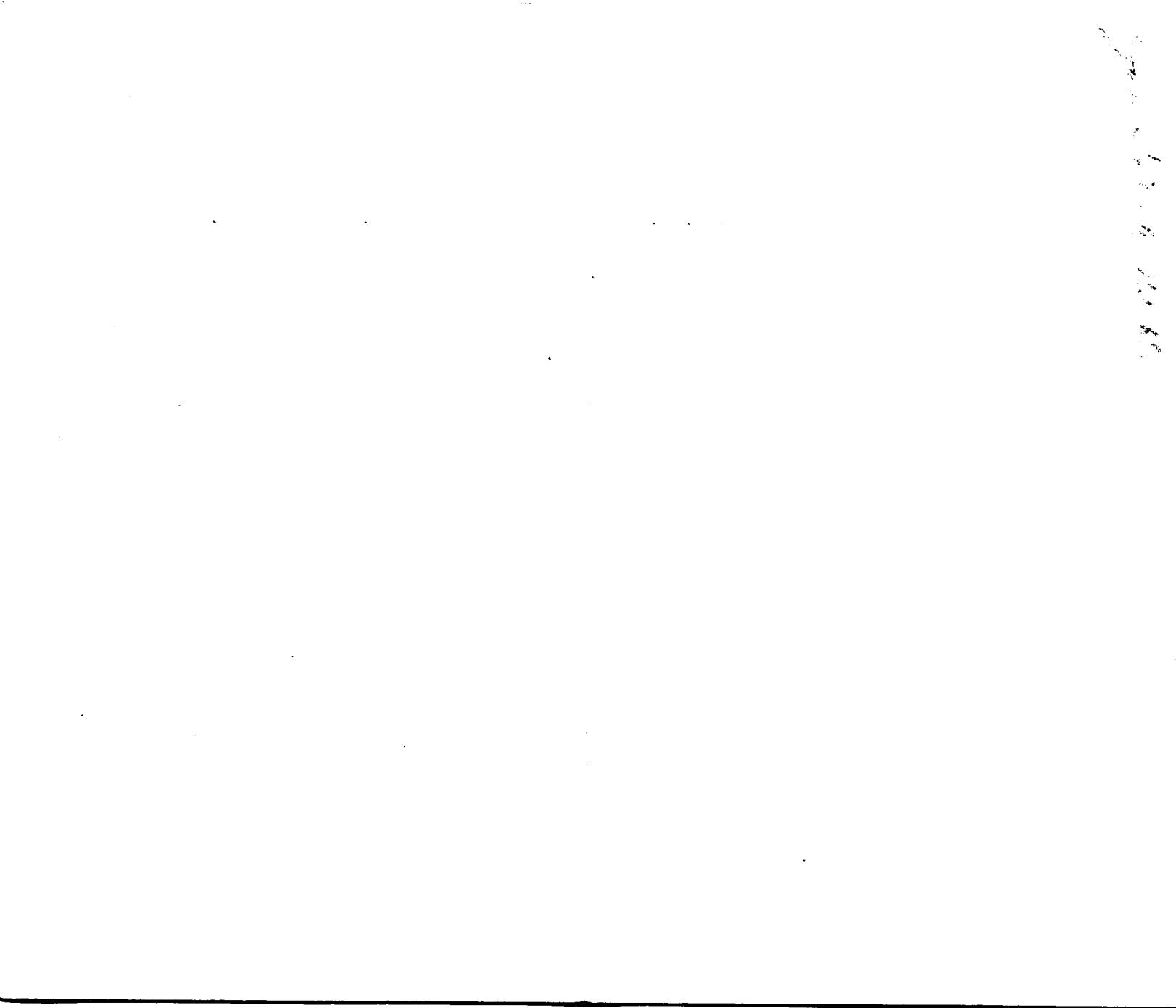
Deanna Bindiger

26. FUNERAL DIRECTOR

Orland C. Buck

ADDRESS

Idaho Falls, Idaho



MAY 23 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL RECORDS
State of Idaho

(1949 Revision of Standard Certificate)

State File No. 148

Local Reg. No. 43

Reg. Dist. No. 960

1. PLACE OF STILLBIRTH

a. COUNTY

CANYON

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Caldwell

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION3. CHILD'S NAME
(Type or Print)

Baby Girl Johnson

4. SEX

5a. THIS BIRTH

Female

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month) (Day) (Year)

April 3 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Russell Clifford Johnson White

9. AGE (At time of this birth)

30 YEARS

10. BIRTHPLACE (State or foreign country)

Nampa, Idaho

11a. USUAL OCCUPATION

FARMER OWN BUSINESS.

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Margaret Mary George White

14. AGE (At time of this birth)

22 YEARS

15. BIRTHPLACE (State or foreign country)

Nampa, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead?
0 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
0

17. INFORMANT

✓ Russell L. Johnson

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes No Approximate date
y39.6

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Unknown

y39.6

20b. MATERNAL CAUSES

none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I

attended the birth of this child who was born dead on the date stated above at _____ m.

(Specify if M. D., midwife, or other)

23a. ATTENDANT'S SIGNATURE

S. D. Johnson

on 4-1951

23b. DATE SIGNED

18 Apr. 51.

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

April 4-1951

25c. NAME OF CEMETERY OR CREMATORIAL

Canyon Hill

25d. LOCATION (City, town, or county)

(State)
Caldwell, Idaho

DATE REC'D BY LOCAL REG.

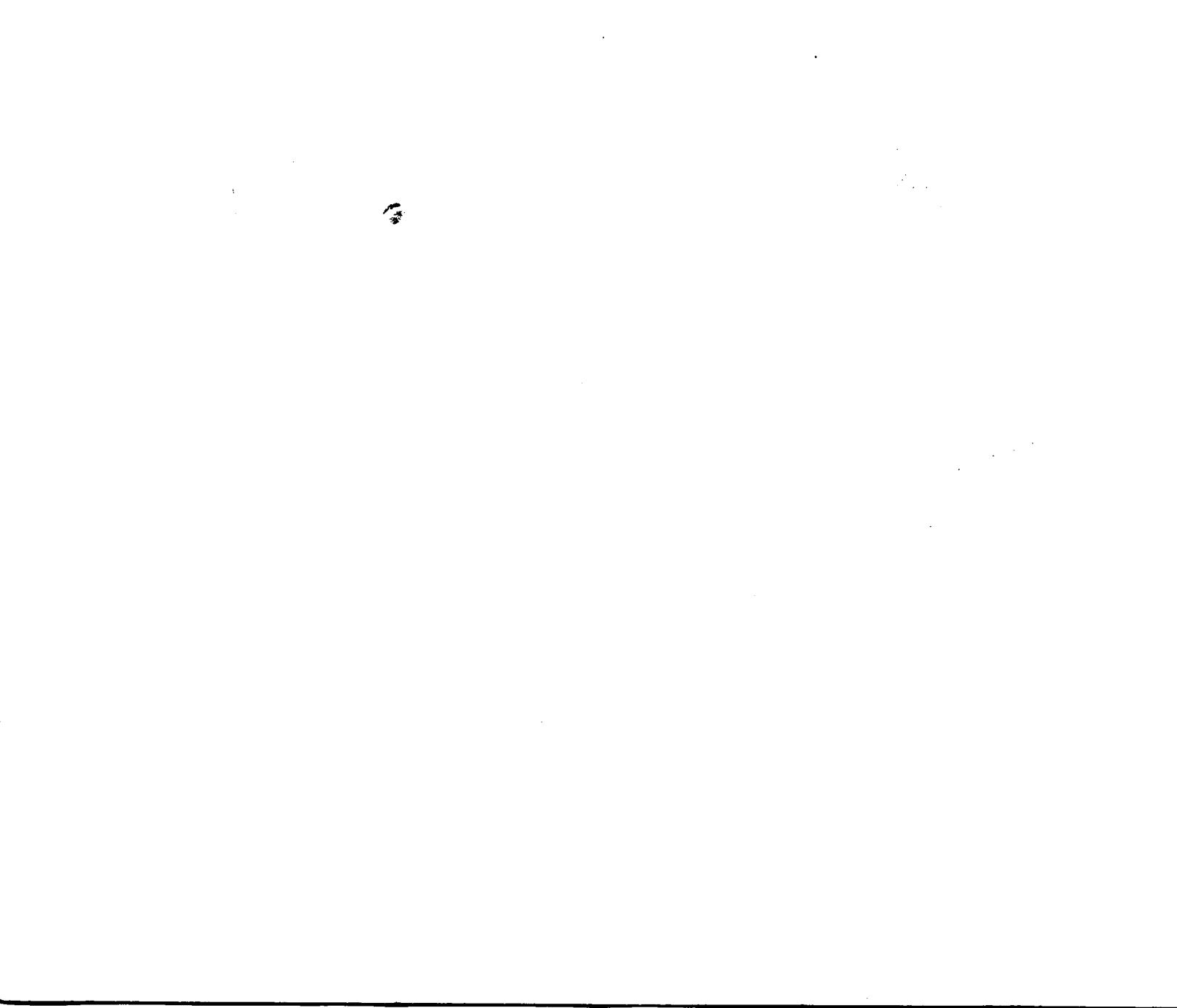
REGISTRAR'S SIGNATURE

4-7-51

26. FUNERAL DIRECTOR

Peckham-PURRIS Chapel

Caldwell, Idaho



CERTIFICATE OF STILLBIRTH
STATE
State of Idaho

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon.

b. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN Caldwell Idaho.

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Caldwell Memorial Hosp.

3. CHILD'S NAME

(Type or Print)

Linda Joy.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Canyon.

c. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN

Caldwell.

d. STREET
ADDRESS

(If rural, give location)

Box 21.

4. SEX

5a. THIS BIRTH

F.

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

6. DATE OF
STILLBIRTH

(Month) (Day) (Year)
April 8, 1951.

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Alvin

Wayne

Ernest

w.

9. AGE (At time of this birth)

21

YEARS

10. BIRTHPLACE (State or foreign country)

Turned Colorado

11a. USUAL OCCUPATION

Soldier

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Caladys

Nora

Catt.

w.

14. AGE (At time of this birth)

18

YEARS

15. BIRTHPLACE (State or foreign country)

Stillwater Oklahoma

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Mrs Florence E. Catt

o

o

o

18a. LENGTH OF PREG-
NANCY
WEEKS

26 weeks

18b. WEIGHT AT BIRTH
LBS. OZS.

Approximate date

19. Was a standard serological test for syphilis performed? Yes No

Y39.5

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Large parotid tumor - prematurity

20b. MATERNAL CAUSES

none -

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Hypertension

22. STATE ALL OPERATIONS FOR DELIVERY

none -

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

G.K. Dicker, M.D.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

4-19-51

23c. ATTENDANT'S ADDRESS

Caldwell

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

25b. DATE

April 11-1951 Canyon Hill

25d. LOCATION (City, town, or county)

(State)

Caldwell, Idaho

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

4-21-51

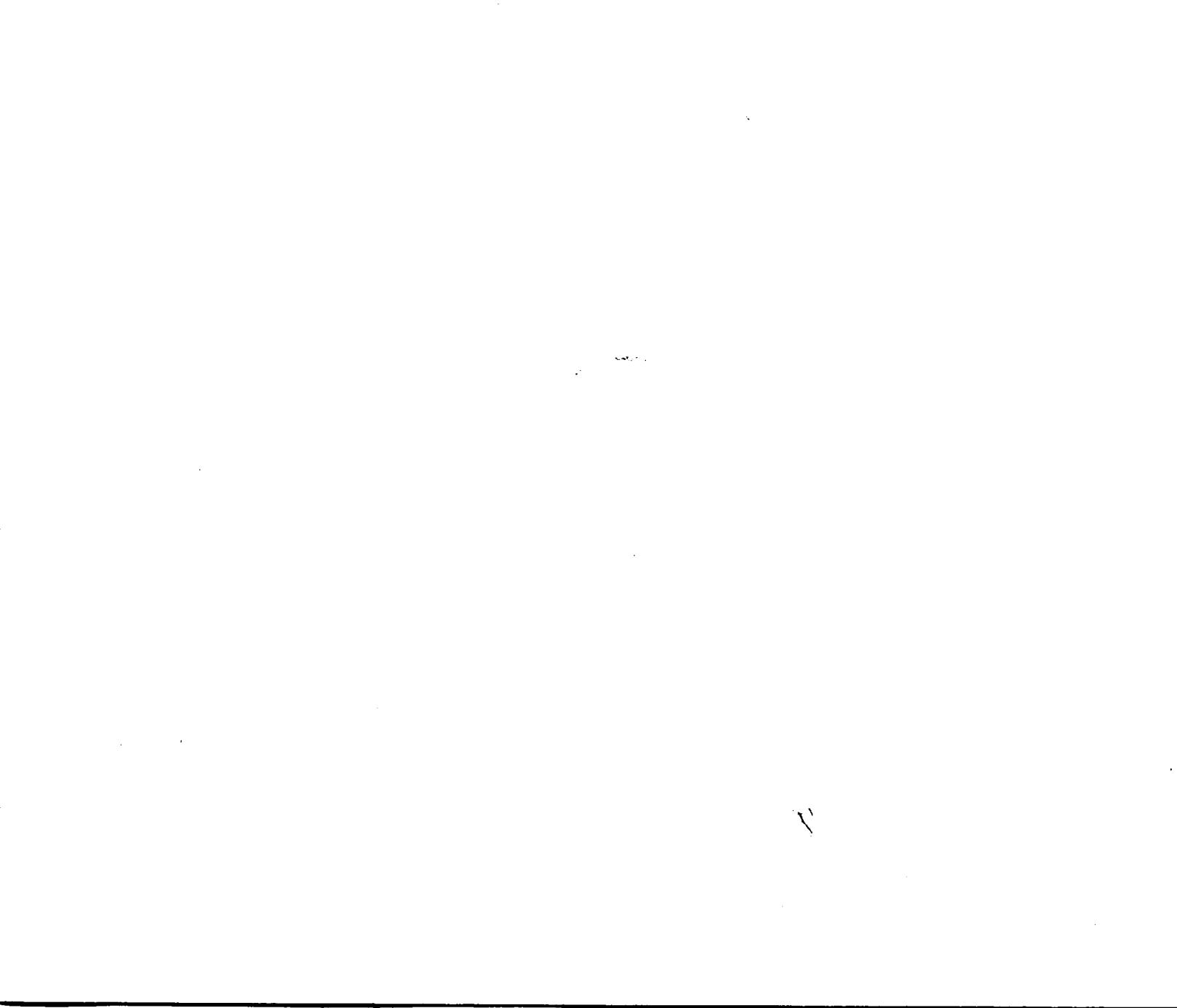
Agnes M. Denman

26. FUNERAL DIRECTOR

Peckham, Dakar

ADDRESS

Caldwell, Idaho



21 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS

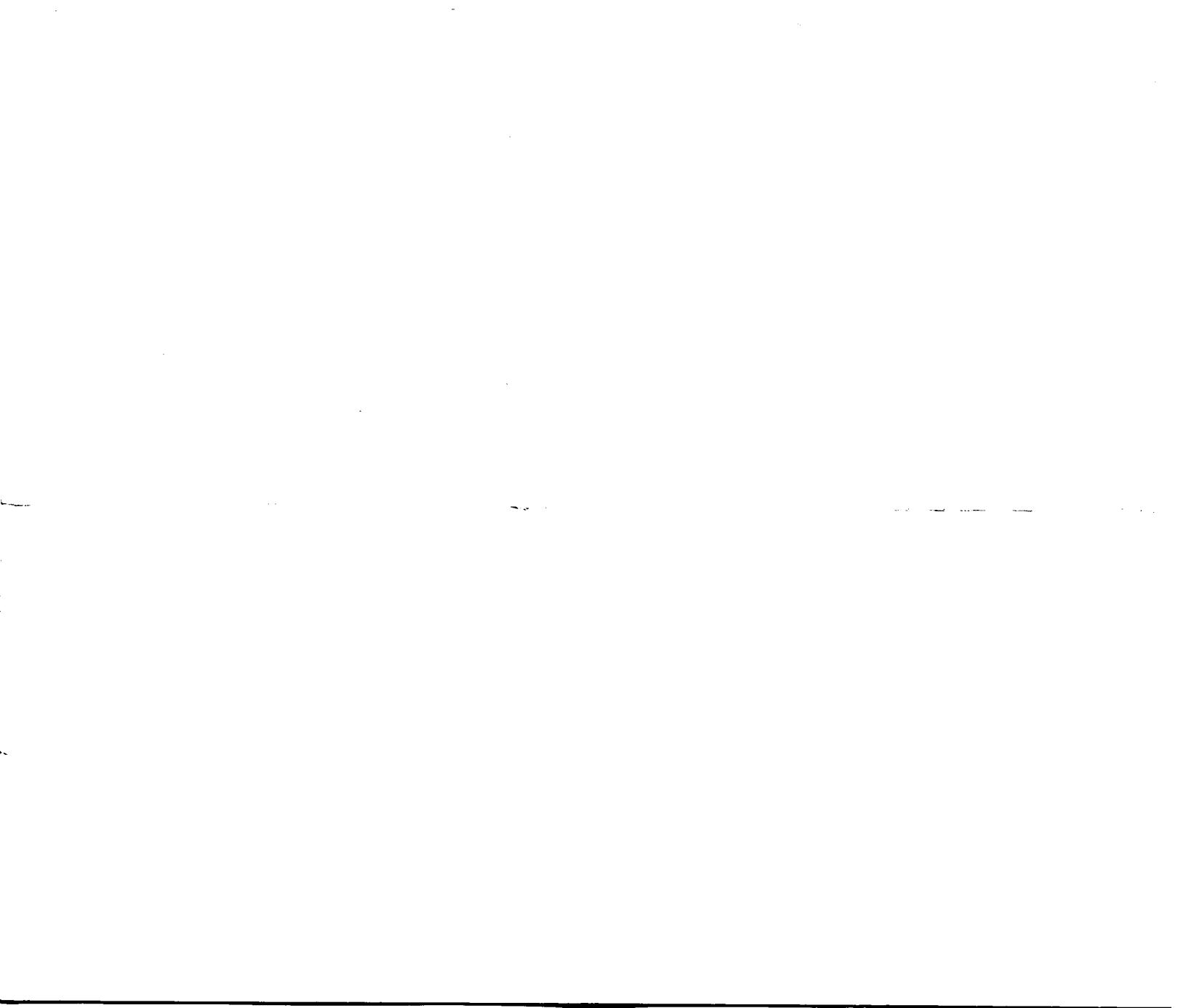
(1949 Revision of Standard Certificate)

State File No. 050

Local Reg. No. 9

Reg. Dist. No. 363

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Owyhee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kamidale	
c. FULL NAME OF HOSPITAL OR INSTITUTION HOSPITAL OR INSTITUTION Milner Hosp		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Allen Brent Hailey			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) 4 (Day) 9 (Year) 51
7. FATHER'S NAME	a. (First) Brent	b. (Middle) Martha	c. (Last) Hailey
9. AGE (At time of this birth) 18 YEARS	10. BIRTHPLACE (State or foreign country) Mesquite Nevada	11a. USUAL OCCUPATION Tanner.	11b. KIND OF BUSINESS OR INDUSTRY White
12. MOTHER'S MAIDEN NAME Martha	a. (First) Anna	b. (Middle) Burdine	c. (Last) W
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Metrop. New York	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Martha Anna Hailey Mother			
18a. LENGTH OF PREG- NANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Y36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Thrombosis of cord	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Allen Kelly MD.</i> (Specify if M. D., midwife, or other)	
23c. ATTENDANT'S ADDRESS Caldwell Idaho		23b. DATE SIGNED 4-6-51	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE 4-12-51	25c. NAME OF CEMETERY OR CREMATORIAL Canyon Hill
26. FUNERAL DIRECTOR Peckham-Dekamor Chapel		26. LOCATION (City, town, or county) Caldwell, Idaho	
DATE REC'D BY LOCAL REG. May 12, 1951		REGISTRAR'S SIGNATURE <i>Mary Jane Stick</i>	



11-1951
DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

State of Idaho

State File No. 151
Local Reg. No. /
Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Caribou.	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Soda Springs.	b. COUNTY	Caribou
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Paribou Co. Hospital.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Grace.
d. STREET ADDRESS	(If rural, give location)		
3. CHILD'S NAME (Type or Print)		4. SEX	
Hillan Fred Harwood		Male	5a. THIS BIRTH
			SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>
			1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
7. FATHER'S NAME		a. (First)	b. (Middle)
John		T.	c. (Last)
9. AGE (At time of this birth)		10. BIRTHPLACE (State or foreign country)	
45 YEARS		Granite, Utah.	
12. MOTHER'S MAIDEN NAME		a. (First)	b. (Middle)
Irene		Irene	Olund
14. AGE (At time of this birth)		15. BIRTHPLACE (State or foreign country)	
38 YEARS		Grace, Idaho	
17. INFORMANT		18a. LENGTH OF PREG- NANCY 40 WEEKS	
Irene Harwood.		18b. WEIGHT AT BIRTH 7 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Jan 9, 1951 136.0
CAUSE OF STILLBIRTH State only morbid conditions causing death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Short cord - tight around neck. Dead 2 days. 20b. MATERNAL CAUSES Anemia?	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None except anemia		22. STATE ALL OPERATIONS FOR DELIVERY outlet forceps.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Charles Johnson	(Specify if M. D., midwife, or other)
		23b. ATTENDANT'S ADDRESS Grace, Idaho	23c. DATE SIGNED Apr 6, 1951
		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE Apr. 7, 1951	25c. NAME OF CEMETERY OR CREMATORIUM Grace Cemetery
DATE REC'D BY LOCAL REG.		25d. LOCATION (City, town, or county) (State) Caribou, Idaho	26. FUNERAL DIRECTOR ADDRESS Donna C. Ellis, John J. Harwood Acting Director
Apr. 7, 1951		REGISTRAR'S SIGNATURE	



MAY 1 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. _____
Local Reg. No. 30
Reg. Dist. No. 47-70

453

1. PLACE OF STILLBIRTH

a. COUNTY Cassiab. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Burleyc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Cottage Hospital

3. CHILD'S NAME

(Type or Print)

4. SEX ?

5a. THIS BIRTH

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF

STILLBIRTH (Month)

(Day)

(Year)

Apr. 1 19517. FATHER'S
NAMEa. (First) Merlin

b. (Middle)

c. (Last) Osterhaut

8. COLOR OR RACE

white

9. AGE (At time of this birth)

55 YEARS

10. BIRTHPLACE (State or foreign country)

Ella Idaho

11a. USUAL OCCUPATION

Labored

11b. KIND OF BUSINESS OR INDUSTRY

not working12. MOTHER'S
MAIDEN
NAMEa. (First) Alta

b. (Middle)

c. (Last) Rose

13. COLOR OR RACE

white

14. AGE (At time of this birth)

43 YEARS

15. BIRTHPLACE (State or foreign country)

Agden Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children
are now living?5b. How many children were
born alive but are now dead?0c. How many OTHER
children were stillborn
(born dead after 20 weeks
pregnancy)?

17. INFORMANT

Alta OsterhautMother51

18a. LENGTH OF PREG-

18b. WEIGHT AT BIRTH

NANCY

? LBS.

36 WEEKS

? OZS.

19. Was a standard serological test for syphilis performed? Yes _____ No _____

Approximate date

y39.6

CAUSE OF STILLBIRTH

State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Unknown

20b. MATERNAL CAUSES

Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Missed miscarriage + D & C 6 weeks prior to this delivery

22. STATE ALL OPERATIONS FOR DELIVERY

NoneI hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at 7 1/2 p.m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

Apr 4 1951

23c. ATTENDANT'S ADDRESS

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)Cremation

25b. DATE

4-1-51

25c. NAME OF CEMETERY OR CREMATORIUM

San Michael Hospital

25d. LOCATION (City, town, or county)

Burley, Idaho

(State)

DATE REC'D BY LOCAL
REG.

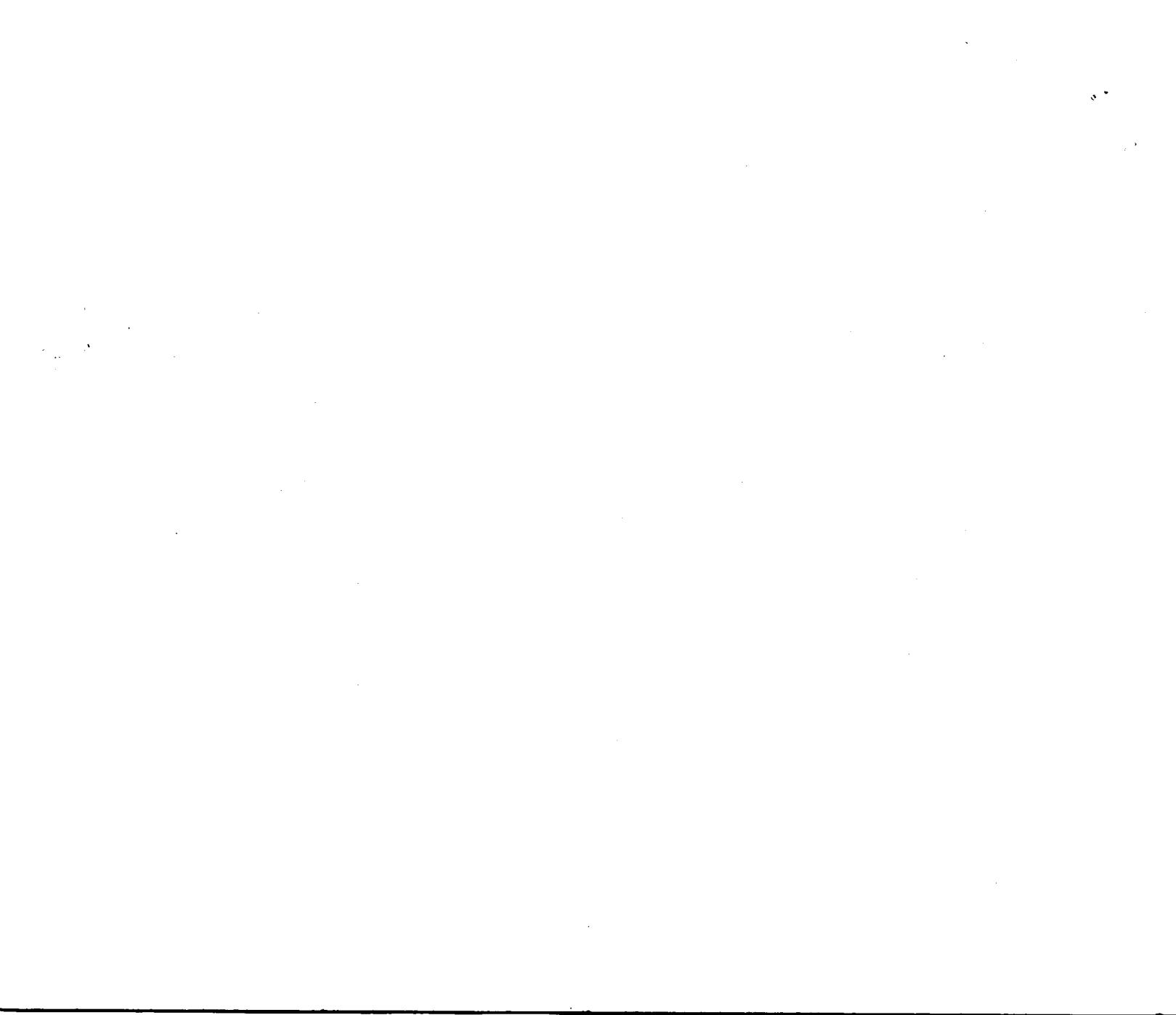
REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

Ken B. McPuffach

ADDRESS

4-19-1951 B. WilsonBurley, Idaho



RECE

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

DIVISION OF VITAL

(1949 Revision of Standard Certificate)

ADD 23 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

1153

Local Reg. No.

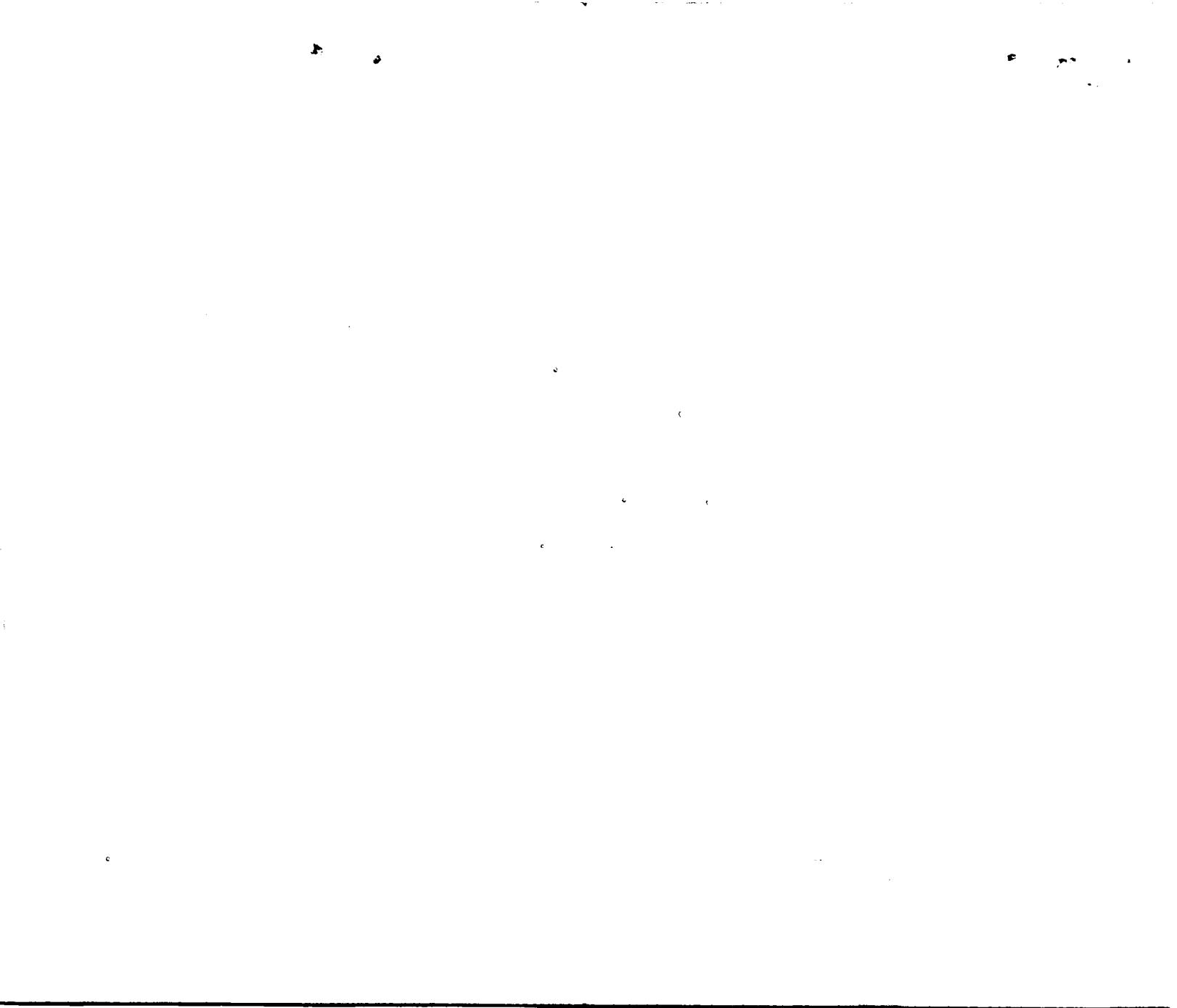
27

Reg. Dist. No.

210

STATE

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Clearwater	b. STATE Idaho	a. COUNTY Clearwater	b. STATE Idaho
b. CITY (If outside corporate limits, write RURAL and give township) Orofino OR TOWN	c. CITY (If outside corporate limits, write RURAL and give township) Orofino OR TOWN	d. STREET ADDRESS Rt. 6 (If rural, give location)	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Orofino hospital			
3. CHILD'S NAME (Type or Print) Kay Corrine Wilson			
4. SEX F	5a. THIS BIRTH SINGLE	5b. IF TWIN OR TRIPLET (This child born) 1ST	6. DATE OF STILLBIRTH (Month) (Day) (Year) 3-30-1951
7. FATHER'S NAME Louis		8. COLOR OR RACE W	
a. (First)	b. (Middle)	c. (Last)	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Whitebird, Idaho	11a. USUAL OCCUPATION Supervisor	11b. KIND OF BUSINESS OR INDUSTRY Soil Conservation
12. MOTHER'S MAIDEN NAME Elizabeth	a. (First) Ruth	b. (Middle)	c. (Last) Brown
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Sidney, Mont.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3 None 1	
17. INFORMANT Jean R. Wilson	Orofino, Ida.		
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE P. J. Hopkins M.D. (Specify if M. D., midwife, or other)	
		23b. DATE SIGNED 3-31-51	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 3-31-1951	25c. NAME OF CEMETERY OR CREMATORIAL Vineland cemetery
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Placed by Shirley Dep.	26. FUNERAL DIRECTOR W. E. Gilbert
			ADDRESS Orofino



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY

PUBLIC HEALTH DIVISION OF VITAL STATISTICS

APP 23 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 854

Local Reg. No. 24

Reg. Dist. No. 257

1. PLACE OF STILLBIRTH

a. COUNTY

Fremont

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

St. Anthony

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Anthony General Hosp.

3. CHILD'S NAME

(Type or Print)

BABY GIRL BROWNS

4. SEX

5a. THIS BIRTH

Female

SINGLE TWIN TRIPLET 1ST 2ND 3RD 6. DATE OF
STILLBIRTH(Month) (Day) (Year)
April 19, 19517. FATHER'S
NAME

Donald E. Browns

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE
White

9. AGE (At time of this birth)

34

YEARS

10. BIRTHPLACE (State or foreign country)

Murray, Iowa

11a. USUAL OCCUPATION

Bookkeeper

11b. KIND OF BUSINESS OR INDUSTRY

Economy Chev. Co.

12. MOTHER'S
MAIDEN
NAMEa. (First)
Virginia

b. (Middle)

c. (Last)

13. COLOR OR RACE
White

14. AGE (At time of this birth)

26

YEARS

15. BIRTHPLACE (State or foreign country)

Chicago, Illinois

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)?
2 0 0

17. INFORMANT

Donald E. Browns

18a. LENGTH OF PREG-

NANCY

39 WEEKS

18b. WEIGHT AT BIRTH
7 LBS. 2 OZS.19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate dateCAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

R.H.

Y39.2

20b. MATERNAL CAUSES

R.H. Factor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Fetal Death

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

Specify if M.D., midwife, or other

E. J. Cook, MD

23b. DATE/SIGNED

4/29/51

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

April 20, 1951

25c. NAME OF CEMETERY OR CREMATORIAL Riverview

25d. LOCATION (City, town, or county)

(State)

St. Anthony, Idaho

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

M. J. Hansen

26. FUNERAL DIRECTOR

M. J. Hansen

ADDRESS

St. Anthony

1000

1000

1000

1000

RECEIVED
MAY 5 1951**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No.
Local Reg. No. 27
Reg. Dist. No. 650

655

1. PLACE OF STILLBIRTH

a. COUNTY

FREMONT DEPARTMENT OF VITAL STATISTICS

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN

St. Anthony

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Anthony General Hosp.

3. CHILD'S NAME

(Type or Print)

STILLBORN ARTERBURN

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

(Month) (Day) (Year)

April 25, 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

White

9. AGE (At time of this birth)

16

YEARS

10. BIRTHPLACE (State or foreign country)

Kansas, Illinois

11a. USUAL OCCUPATION

Schoolteacher

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

White

14. AGE (At time of this birth)

24

YEARS

15. BIRTHPLACE (State or foreign country)

Ponca City, Okla.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

17. INFORMANT

Deena Shockey

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

1

0

0

18a. LENGTH OF PREG-

NANCY

36

WEEKS

18b. WEIGHT AT BIRTH

LBS. - OZS.

4

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

244. 1950

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

Unknown - Inevitable fetus Y36.2

20b. MATERNAL CAUSES

Abruption Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Abruption Placenta

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

5/2/51

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

26 April 51

25c. NAME OF CEMETERY OR CREMATORIUM

Riverview

25d. LOCATION (City, town, or county)

(State)
St. Anthony, Idaho

DATE REC'D BY LOCAL REG.

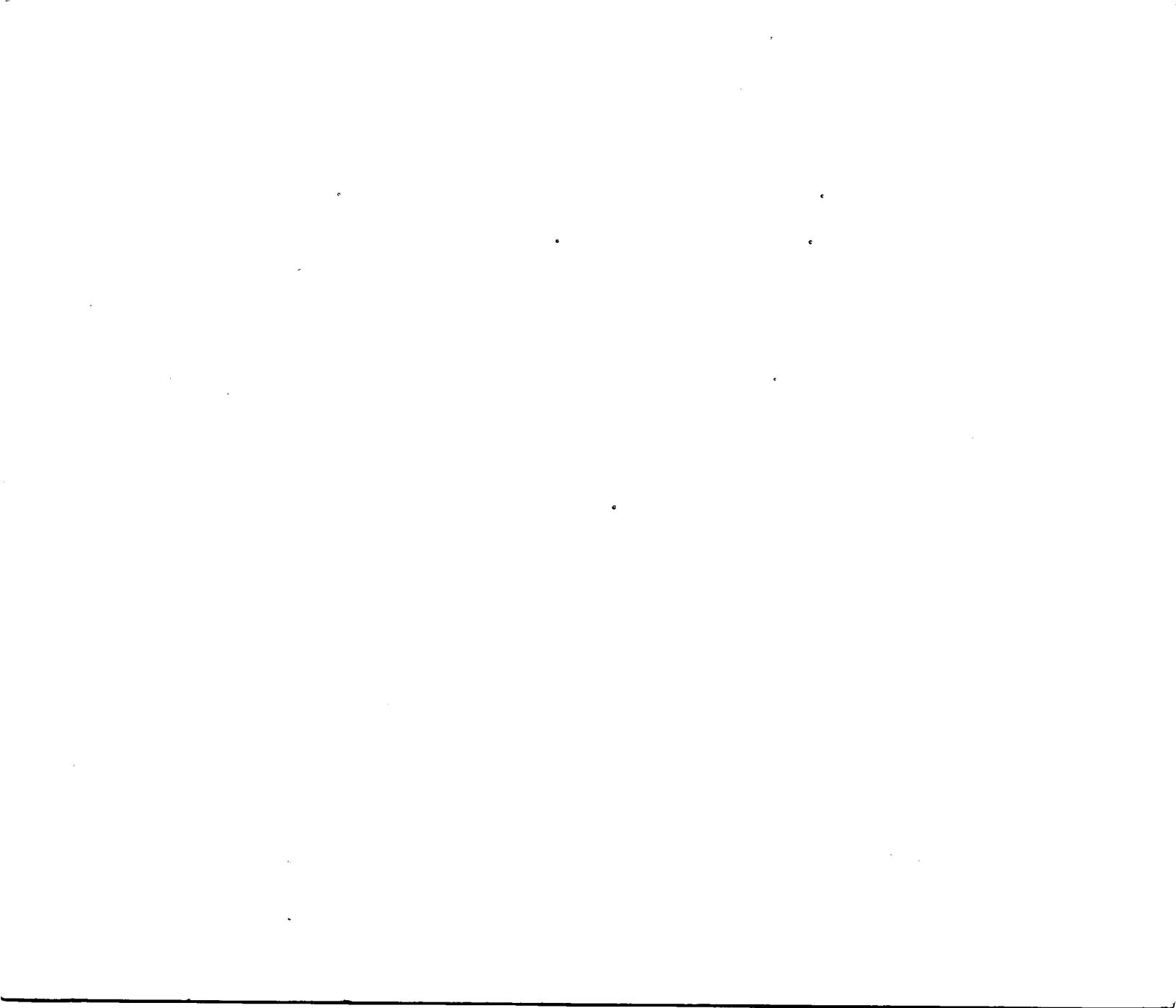
2 May 51

REGISTRAR'S SIGNATURE

Mal Hansen

26. FUNERAL DIRECTOR

ADDRESS
Mal Hansen St. Anthony, Idaho



MAY 9 1951 (1949 Revision of Standard Certificate)

DIVISION OF VITAL CERTIFICATE OF STILLBIRTH
STATISTICS

State of Idaho

856

State File No.
Local Reg. No. 18
Reg. Dist. No. 2401. PLACE OF STILLBIRTH
a. COUNTY IDAHOb. CITY (If outside corporate limits, write RURAL and give township)
OR GRANGEVILLE
TOWNc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION GENERAL2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE IDAHO
b. COUNTY IDAHOc. CITY (If outside corporate limits, write RURAL and give township)
OR FENN
TOWN FENN

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME
(Type or Print)

BABY

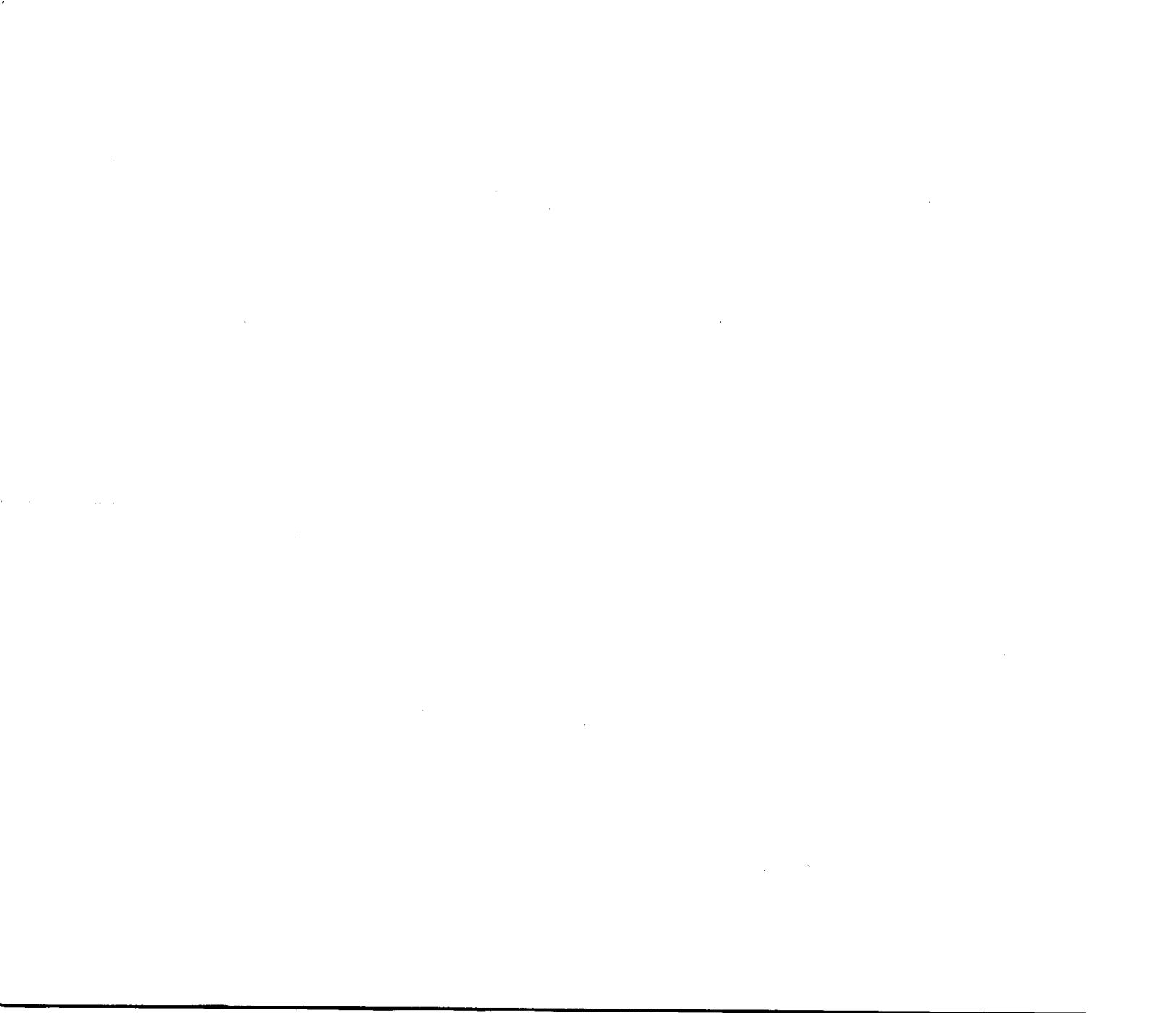
WREN

4. SEX male 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF
SINGLE TWIN TRIPLET 1ST 2ND 3RD STILLBIRTH Mar. 25, 1951 (Month) (Day) (Year)7. FATHER'S NAME a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE
THOMAS FREDERICK WREN white9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
24 YEARS Cottonwood, Idaho farmer agriculture12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE
PATRICA PEARL OWEN white14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
20 YEARS Peck, Idaho. a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
one one none17. INFORMANT Thomas F. Wren Grangeville. 18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19. Was a standard serological test for syphilis performed? Yes No
NANCY 36 WEEKS 2 LBS 6 1/4 OZS. Approximate date 7 Dec 5018a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19. Was a standard serological test for syphilis performed? Yes No
NANCY 36 WEEKS 2 LBS 6 1/4 OZS. Approximate date 7 Dec 50

20a. FETAL CAUSES Prematurity 20b. MATERNAL CAUSES Diabetes 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Diabetes controlled with difficulty 22. STATE ALL OPERATIONS FOR DELIVERY Caesarean section Y30.2

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:15 A.M. Donald Saltman M.D.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) 23b. DATE SIGNED
Donald Saltman M.D. 26 April 5723c. ATTENDANT'S ADDRESS Grangeville, Idaho 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
I am not attended by physician25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY OR CREMATORIAL 25d. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) Apr. 26, 1951 Prairieview Grangeville, Idaho.DATE REC'D BY LOCAL REG. 26. FUNERAL DIRECTOR ADDRESS
April 26, 1951 Anna Case J. Robertson
REG. Grangeville, Idaho.



RECEIVED CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

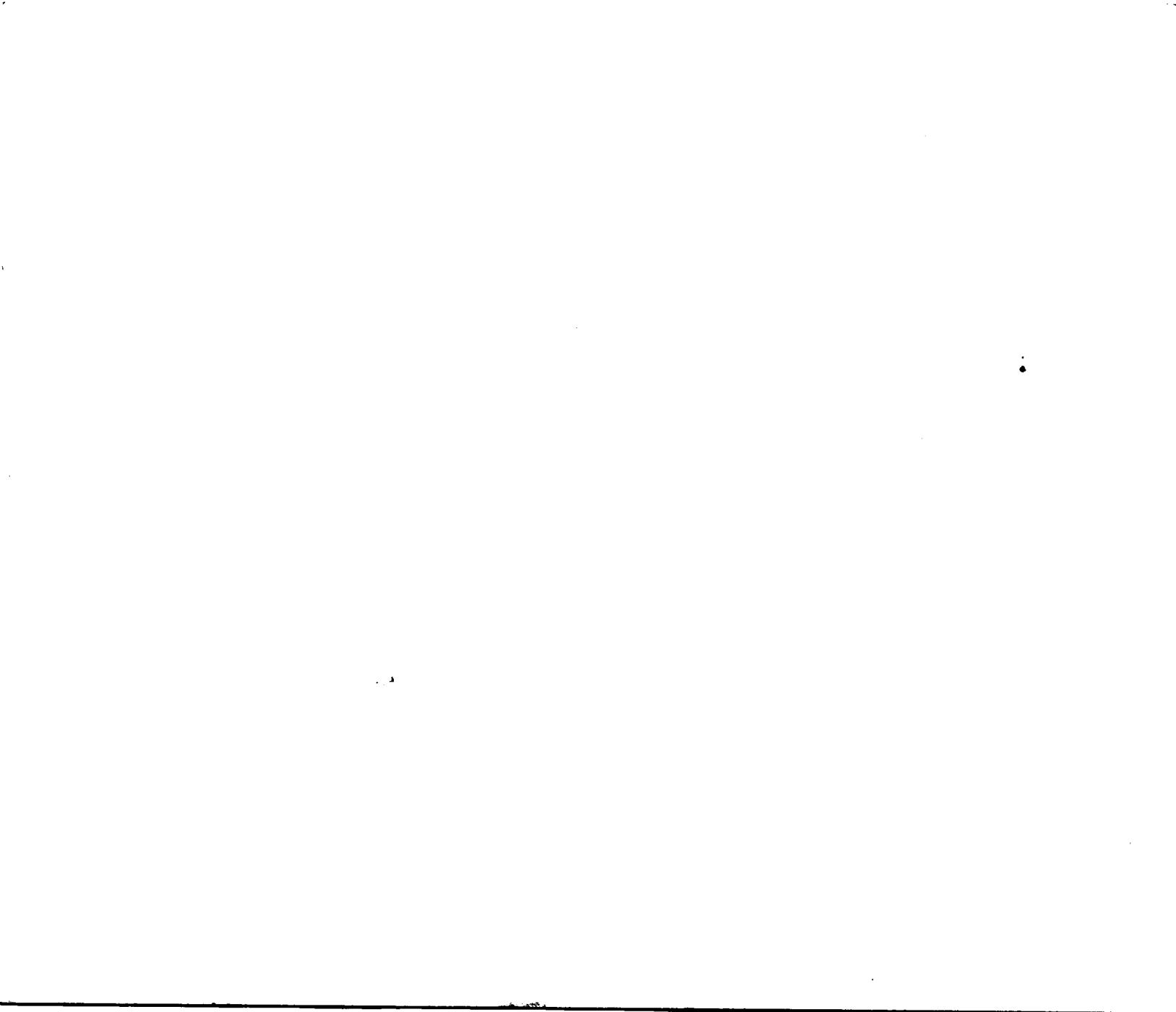
757

690

Reg. Dist. No.

MAY 5 1951

1. PLACE OF STILLBIRTH a. COUNTY DIVISION OF VITAL STATISTICS b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salmon c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Steele Memorial Hosp.		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Lemhi c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salmon d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Offret			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 21, 1951
7. FATHER'S NAME	a. (First) E.	b. (Middle) H.	c. (Last) Peterson
9. AGE (At time of this birth) unknown YEARS	10. BIRTHPLACE (State or foreign country) unknown	11a. USUAL OCCUPATION unknown	11b. KIND OF BUSINESS OR INDUSTRY unknown
12. MOTHER'S MAIDEN NAME	a. (First) Mary	b. (Middle)	c. (Last) Alvey
14. AGE (At time of this birth) unknown YEARS	15. BIRTHPLACE (State or foreign country) unknown	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? unknown b. How many children were born alive but are now dead? unknown c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? unknown	
17. INFORMANT Taken from Hospital Records	18a. LENGTH OF PREG- NANCY 27 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 12 OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 2-2-51 negative
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None 20b. MATERNAL CAUSES Premature separation Placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia for 3 weeks	22. STATE ALL OPERATIONS FOR DELIVERY spontaneous -		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:30 A.M.	23a. ATTENDANT'S SIGNATURE Walter Z. Marshall, M.D.		(Specify if M. D., midwife, or other) 4-23-51
	23c. ATTENDANT'S ADDRESS Salmon, Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL Elbert C. Jones	23d. DATE SIGNED 4-23-51
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE 4-21-51	25c. NAME OF CEMETERY OR CREMATORIUM Salmon	25d. LOCATION (City, town, or county) (State) Salmon, Idaho
DATE REC'D BY LOCAL REG. May 3-51	REGISTRAR'S SIGNATURE Viola E. Johnson	FUNERAL DIRECTOR Elbert C. Jones	ADDRESS Salmon, Idaho



1. PLACE OF STILLBIRTH

a. COUNTY

Shoshone

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Wallace Idaho

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Wallace Hospital

3. CHILD'S NAME

(Type or Print)

Baby Girl Cox

4. SEX

7

5a. THIS BIRTH

TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF (Month) (Day) (Year)

Jan. 27-1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Richard

B.

Cox

white

9. AGE (At time of this birth)

27

YEARS

10. BIRTHPLACE (State or foreign country)

Oklahoma

11a. USUAL OCCUPATION

Marine Corps.

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Colleen Belle Robison

white

14. AGE (At time of this birth)

20

YEARS

15. BIRTHPLACE (State or foreign country)

Nevada

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

2

0

0

17. INFORMANT

Colleen B. Cox

18a. LENGTH OF PREGNANCY

26

WEEKS

18b. WEIGHT AT BIRTH

3

LBS. 1/4 OZS.

19. Was a standard serological test for syphilis performed? Yes No
Approximate date Jan 22-1951 Y 34.2

20a. FETAL CAUSES

20b. MATERNAL CAUSES

Prematurity; Brachy; Footling

6th mo gestation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY
0 Durussus Incision; after coming head

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

1-29-51

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL - Cremation

Burial

25b. DATE

1-27-51

25c. NAME OF CEMETERY OR CREMATORIUM

Wallace Hospital

25d. LOCATION (City, town, or county)

(State)

Wallace Idaho

DATE REC'D BY LOCAL REG.

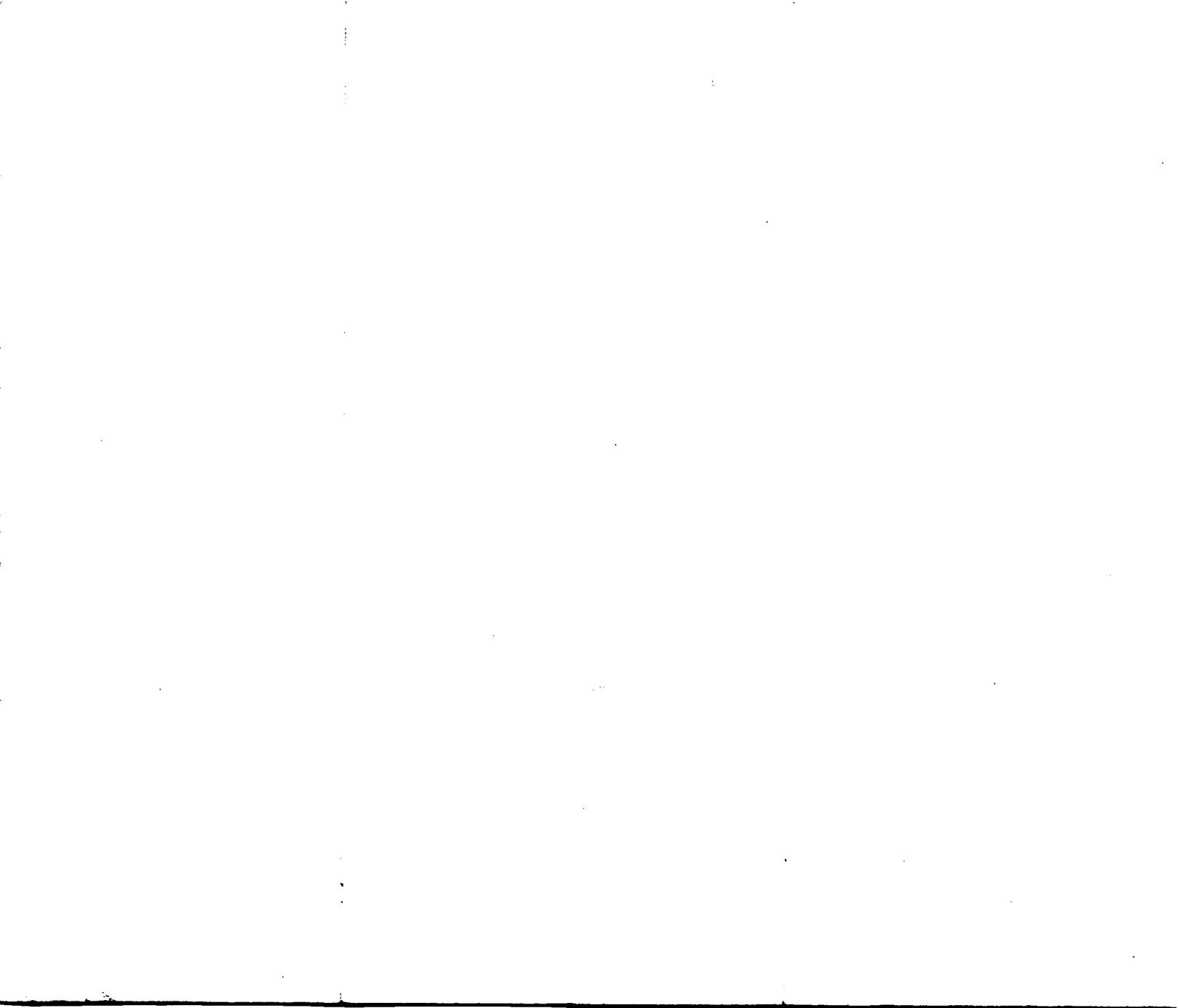
REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

Feb 1-1951

Wallace Cornell Wallace Hospital



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAY 4 1951 State of Idaho

State File No. 850
Local Reg. No. 106
Reg. Dist. No. 190

1. PLACE OF STILLBIRTH STATES		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Shoshone	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallace	a. STATE Montana	b. COUNTY Mineral
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Providence Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Regis	
d. STREET ADDRESS (If rural, give location)			
3. CHILD'S NAME (Type or Print) Baby Boy Cantrall			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH April 2 1951
7. FATHER'S NAME Elmer	a. (First) C.	b. (Middle)	c. (Last) Cantrall
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (State or foreign country) Cascade, Idaho	11a. USUAL OCCUPATION Owns Western Cafe	11b. KIND OF BUSINESS OR INDUSTRY St. Regis, Montana
12. MOTHER'S MAIDEN NAME Dorothy	a. (First) Lillian	b. (Middle)	c. (Last) Crook
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Youngstown Ohio	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT Mrs. Dorothy Cantrall	Mother	a. How many children are now living? none	b. How many children were born alive but are now dead? none
18a. LENGTH OF PREGNANCY WEEKS 6	18b. WEIGHT AT BIRTH LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date About 3 months ago	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Operative separation of placenta</i>	20b. MATERNAL CAUSES <i>none</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none	22. STATE ALL OPERATIONS FOR DELIVERY See Doctor		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <i>Dr. Peterson M.D.</i>	(Specify if M. D., midwife, or other) If NOT attended by physician	
23b. DATE SIGNED 4-6-51	23c. ATTENDANT'S ADDRESS Wallace Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION-removal (Specify) Burial	25b. DATE 4-3-51	25c. NAME OF CEMETERY OR CREMATORIAL United	25d. LOCATION (City, town, or county) (State) Wallace Idaho
DATE REC'D BY LOCAL REG. April 7 1951 Dale Cornell	REGISTRAR'S SIGNATURE Dale Cornell	26. FUNERAL DIRECTOR ADDRESS Dale & Carroll Wallace Plaza	

100-2244

REC:

PHS-797(VS)

4-48

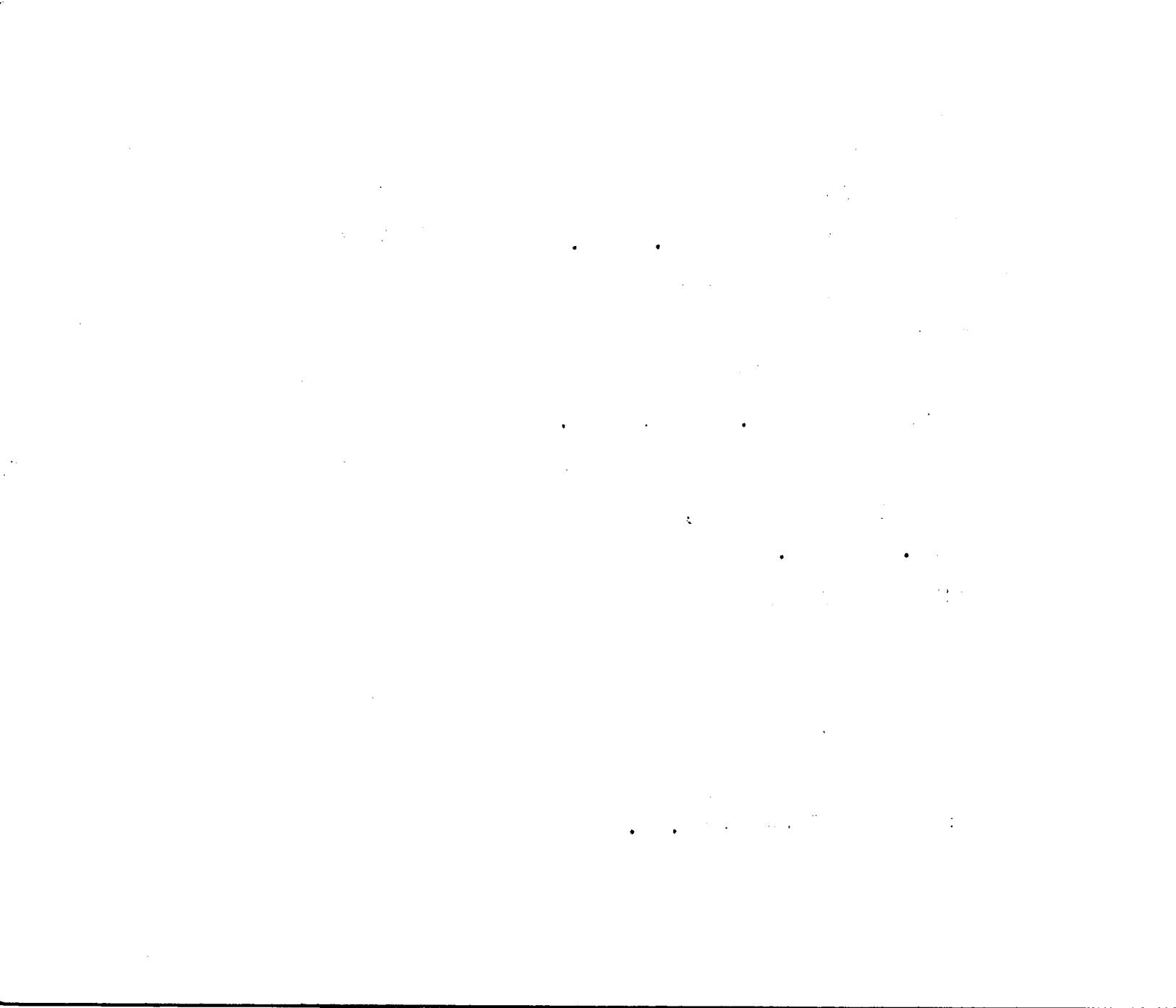
FEDERAL SECURITY Agency

PUBLIC HEALTH SERVICE

APR 19 1951 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

F.1
 State File No.
 Local Reg. No.
 Reg. Dist. No. 460

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Twin Falls	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Twin Falls	b. COUNTY	Cassia
c. FULL NAME (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Twin Falls Go. Hosp.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Burley
3. CHILD'S NAME <i>(Type or Print)</i>		d. STREET ADDRESS (If rural, give location)	
Elva Andrew		1227 Schoddie	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	4 8 51
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
	Hiram	Her shel	Andrew
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS	St. Johns, Kans.	Army	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Barbara	--	Martindale
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
21 YEARS	Oakley, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	Mrs. Hiram H. Andrew Mother	1	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG-	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
NANCY 22 WEEKS	1 LBS. 10 OZS.	Approximate date <i>March 1951</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Prescitors ruptured membranes</i>		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>See 20 b</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>No note (Spontaneous)</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:08 A.m.		23a. ATTENDANT'S SIGNATURE <i>J.S. Reasoner M.D.</i>	
		(Specify if M.D., midwife, or other)	
23c. ATTENDANT'S ADDRESS Twin Falls 125-4th Ave. No.		23b. DATE SIGNED April 9, 1951	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	
		25c. NAME OF CEMETERY OR CREMATORIAL	
		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Jane Anderson</i>		26. FUNERAL DIRECTOR ADDRESS
April 13, 1951			



MAY 8 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

62

Local Reg. No.

5

Reg. Dist. No.

460

1. PLACE OF STILLBIRTH

a. COUNTY

Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Twin Falls Idaho

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Magic Valley Memorial Hosp

3. CHILD'S NAME

(Type or Print)

Baby Girl

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Blaine

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Hailey

d. STREET ADDRESS
(If rural, give location)

4. SEX

5a. THIS BIRTH

Female

SINGLE TWIN TRIPLET 1ST 2ND 3RD 6. DATE OF (Month) (Day) (Year)
STILLBIRTH

April 26, 1951

7. FATHER'S NAME

a. (First)

James

b. (Middle)

21

c. (Last)

Neuman

8. COLOR OR RACE

W

9. AGE (At time of this birth)

39
YEARS

10. BIRTHPLACE (State or foreign country)

Albion, Idaho

11a. USUAL OCCUPATION

Garage man

11b. KIND OF BUSINESS OR INDUSTRY

Garage owner

12. MOTHER'S MAIDEN NAME

a. (First)

Elizabeth

b. (Middle)

c. (Last)

Enday

13. COLOR OR RACE

E

14. AGE (At time of this birth)

39
YEARS

15. BIRTHPLACE (State or foreign country)

Wellsville, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

James S. Neuman

3

0

1

18a. LENGTH OF PREG-
NANCY
WEEKS

6

18b. WEIGHT AT BIRTH

6 lbs. 11 ozs.

19. Was a standard serological test for syphilis performed? Yes _____ No _____

Approximate date Y39.1

20a. FETAL CAUSES

erythoblastosis fetalis

20b. MATERNAL CAUSES

Rh neg mother - 5th pregnancy

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

Twin Falls, Idaho

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

23b. DATE SIGNED

May 1, 1951

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

4-21-51

25c. NAME OF CEMETERY OR CREMATORIAL

Hailey Cem.

25d. LOCATION (City, town, or county) (State)

Hailey, Idaho

DATE REC'D BY LOCAL REG.

May 2, 1951

REGISTRAR'S SIGNATURE

Jane Anderson

26. FUNERAL DIRECTOR

Dwight Fullerton

ADDRESS

White Mortuary
Twin Falls, Idaho

FOOT MILES
TO THE POINT OF
DEPARTURE

TO THE POINT OF
ARRIVAL

MAY 16 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 160

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH

a. COUNTY Ada

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Boisec. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION St. Luke's Hospital

3. CHILD'S NAME

(Type or Print)

Linda

Coombs

4. SEX

5a. THIS BIRTH

Female

 SINGLE TWIN TRIPLET 1ST 2ND 3RD6. DATE OF (Month) (Day) (Year)
STILLBIRTH May 2 19517. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Dean

Cecil

Coombs

White

9. AGE (At time of this birth)

24 YEARS

10. BIRTHPLACE (State or foreign country)

Preston, Idaho

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Shirley

Mae

Lechtenberg

White

14. AGE (At time of this birth)

22 YEARS

15. BIRTHPLACE (State or foreign country)

Central, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT

Shirley Mae Coombs

Mother

18a. LENGTH OF PREG-

NANCY
37 WEEKS

18b. WEIGHT AT BIRTH

LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes No
Approximate date

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Quen-septalis monitor - Y38.0

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Premature labor.

22. STATE ALL OPERATIONS FOR DELIVERY

Cesarean.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5-2-51 (a.m.)

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

5-4-51

23a. ATTENDANT'S SIGNATURE

Dr. M. Palmer

23c. ATTENDANT'S ADDRESS

305 3rd St. Boise, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal.

25b. DATE

May.

2, 1951.

25c. NAME OF CEMETERY OR CREMATORIUM

to Preston, Idaho.

25d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

5-12-51

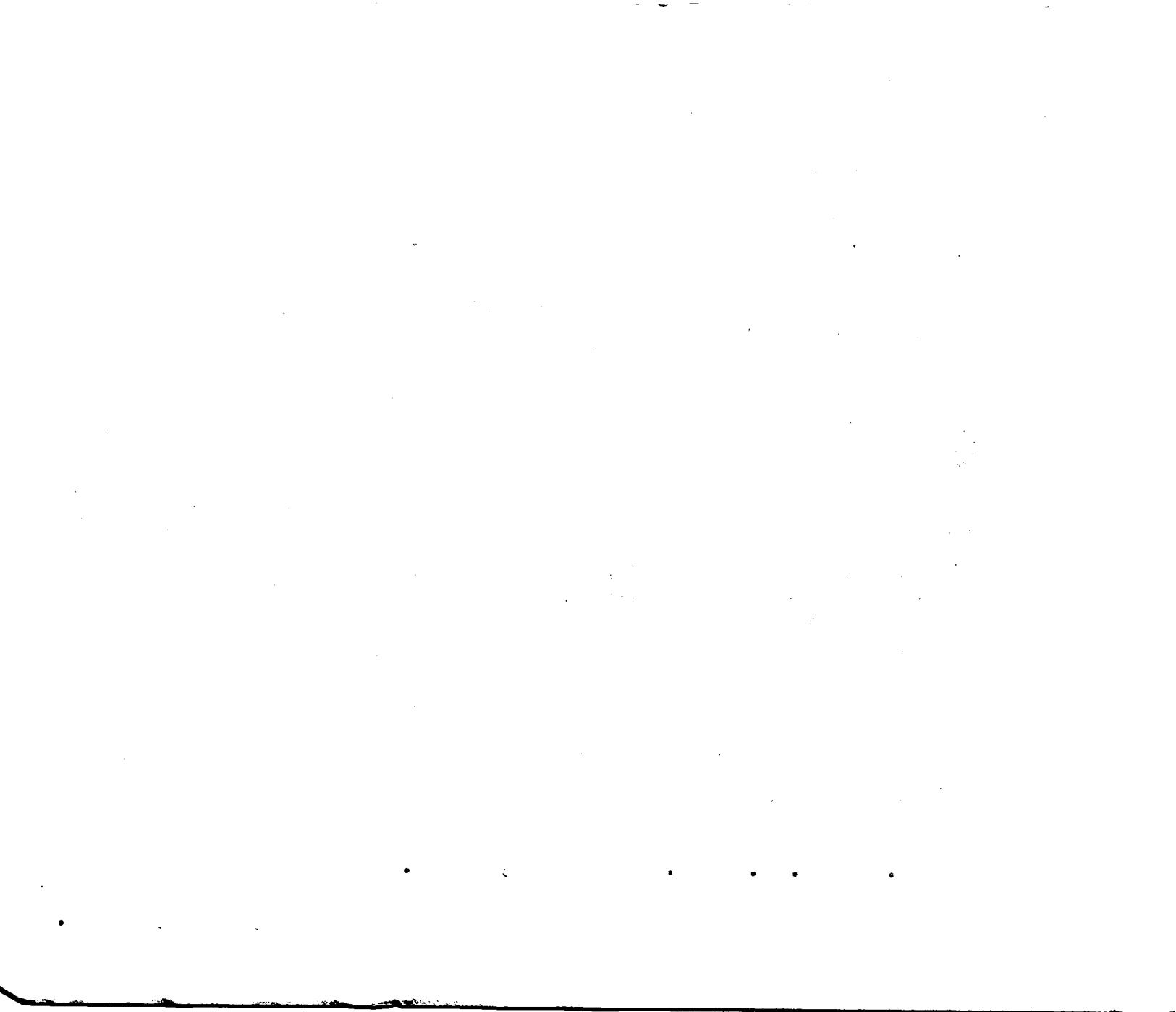
Myrtle Palmer

26. FUNERAL DIRECTOR

Clifford Summers

ADDRESS

Summers Funeral Home, Boise, Idaho.



RECEIVED

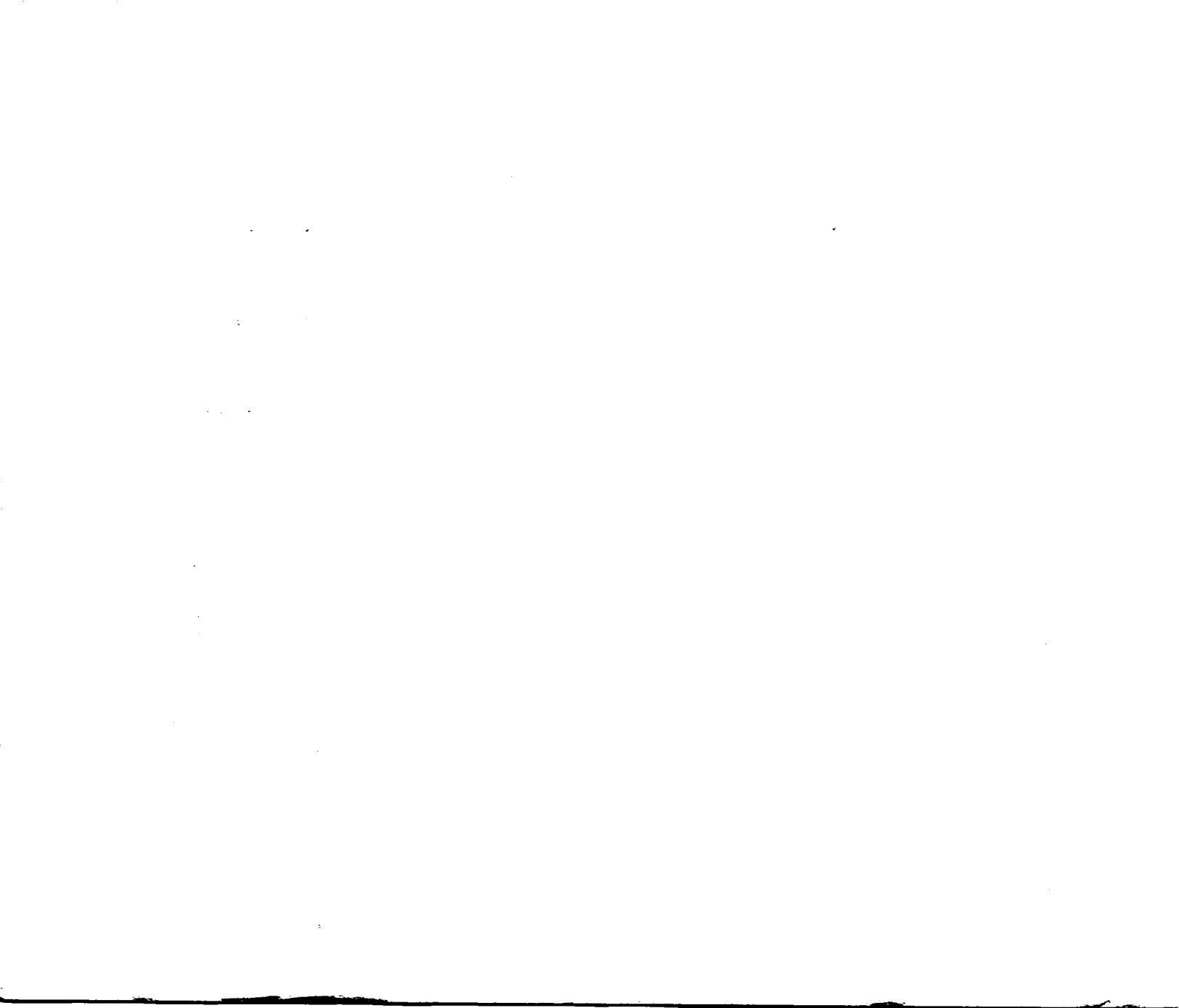
MAY 12 1950 (1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. *CS 1*Local Reg. No. *156*Reg. Dist. No. *370*

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If rural, give location) 323 East Warren Street	
3. CHILD'S NAME (Type or Print) Baby Boy Walton			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 9th, 1951
7. FATHER'S NAME Kay	a. (First)	b. (Middle)	c. (Last) Walton
8. COLOR OR RACE White			
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Preston, Idaho		11a. USUAL OCCUPATION Plasterer
11b. KIND OF BUSINESS OR INDUSTRY Building			
12. MOTHER'S MAIDEN NAME Mildred Pearl Fagatt	a. (First)	b. (Middle)	c. (Last)
13. COLOR OR RACE White			
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Wickenberg, Arizona		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT <i>Baby D Walton</i>			
18a. LENGTH OF PREG- 32 WEEKS	18b. WEIGHT AT BIRTH LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... No	
Approximate date			
20a. FETAL CAUSES <i>Per Krausen</i> y 36.2			
20b. MATERNAL CAUSES <i>Always to - glaucoma</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Vaginal bleeding - last day</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Delivery - by forceps</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE <i>S. Palmer</i> (Specify if M. D., midwife, or other)	
		23b. DATE SIGNED 5-9-51	
23c. ATTENDANT'S ADDRESS <i>305 7th St. Boise</i>		II. NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>RELYEA MORTUARY</i>
		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE May 10, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Star	25d. LOCATION (City, town, or county) (State) Star Idaho
DATE REC'D BY LOCAL REG. May 9, 1951	REGISTRAR'S SIGNATURE <i>Maryle Palmer</i>	26. FUNERAL HOME ADDRESS <i>RELYEA MORTUARY</i>	
		1715 Main St. Boise, Idaho	



RECEIVED (1949 Revision of Standard Certificate)
MAY 16 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

285
124
511

1. PLACE OF STILLBIRTH	
a. COUNTY	Bannock
b. CITY (If outside corporate limits, write RURAL and give township or town)	Pocatello
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. STATE	Idaho
b. COUNTY	Bannock
c. CITY (If outside corporate limits, write RURAL and give township or town)	Pocatello
d. STREET ADDRESS	(If rural, give location) Route #1 North

3. CHILD'S NAME (Type or Print)	
Lynda Fay Poole	

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	(Month) 5 (Day) 4 (Year) 51

7. FATHER'S NAME	a. (First) Rawlston	b. (Middle) Nephi	c. (Last) Poole	8. COLOR OR RACE white
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9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
40 YEARS	Menan, Idaho	Baker	Albertson's

12. MOTHER'S MAIDEN NAME	a. (First) Maxine	b. (Middle) Fay	c. (Last) Farmer	13. COLOR OR RACE white
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14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
37 YEARS	Willammett, Oregon	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT	Rawlston N. Poole father	4	0	2
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18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
48 WEEKS	5 LBS 13 OZS.	Approximate date 11/15/50

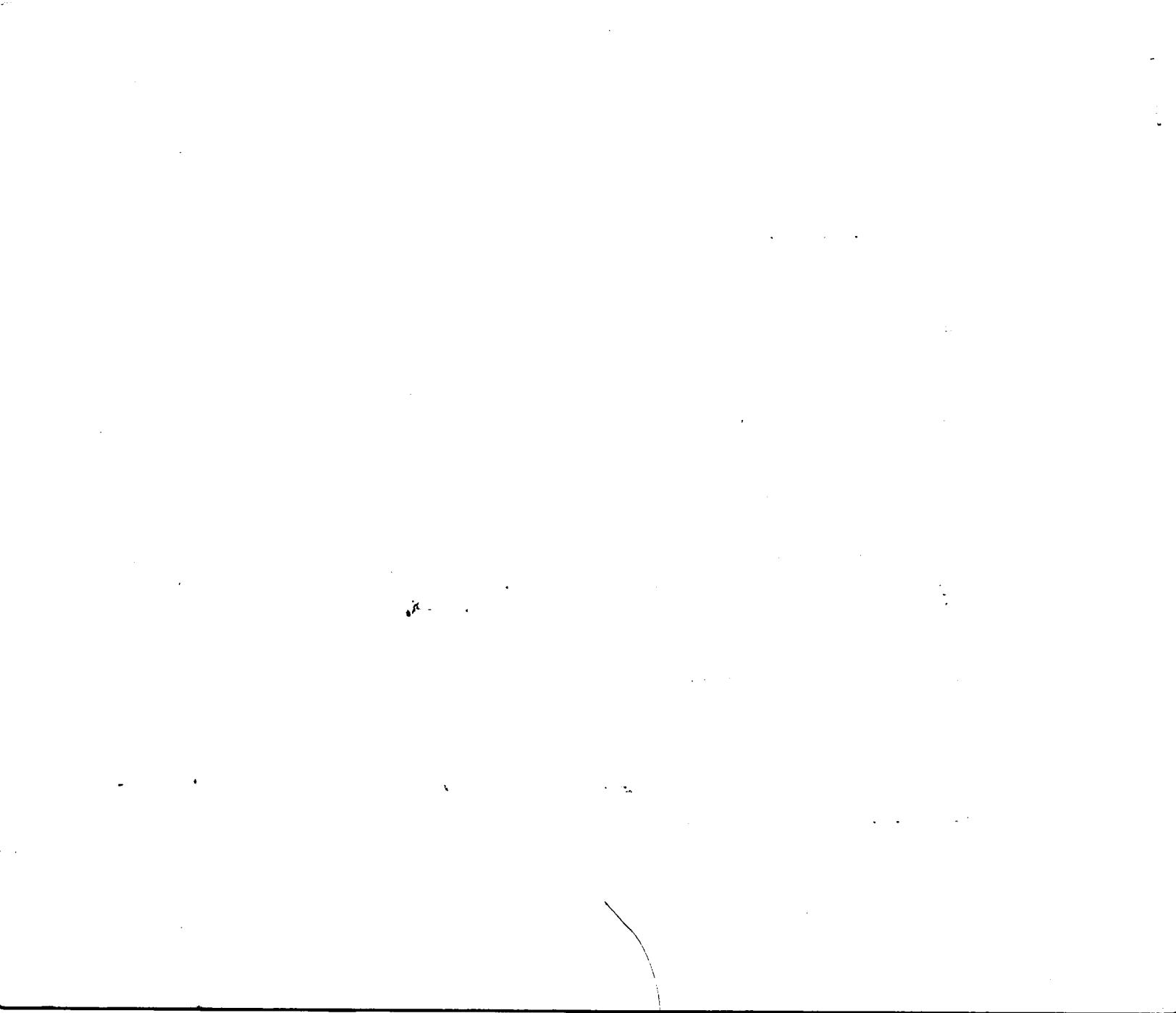
20a. FETAL CAUSES	<i>Cord around neck 2 times.</i>		
<i>Blood Rh negative</i>			
20b. MATERNAL CAUSES			

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
<i>Induced, Manual dilatation</i>	<i>Version (podalic) & extraction</i>

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:17 a.m. m.	23a. ATTENDANT'S SIGNATURE George J. Cox M.D.	(Specify if M.D., midwife, or other)	23b. DATE SIGNED 5/9/51
	23c. ATTENDANT'S ADDRESS Pocatello, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL

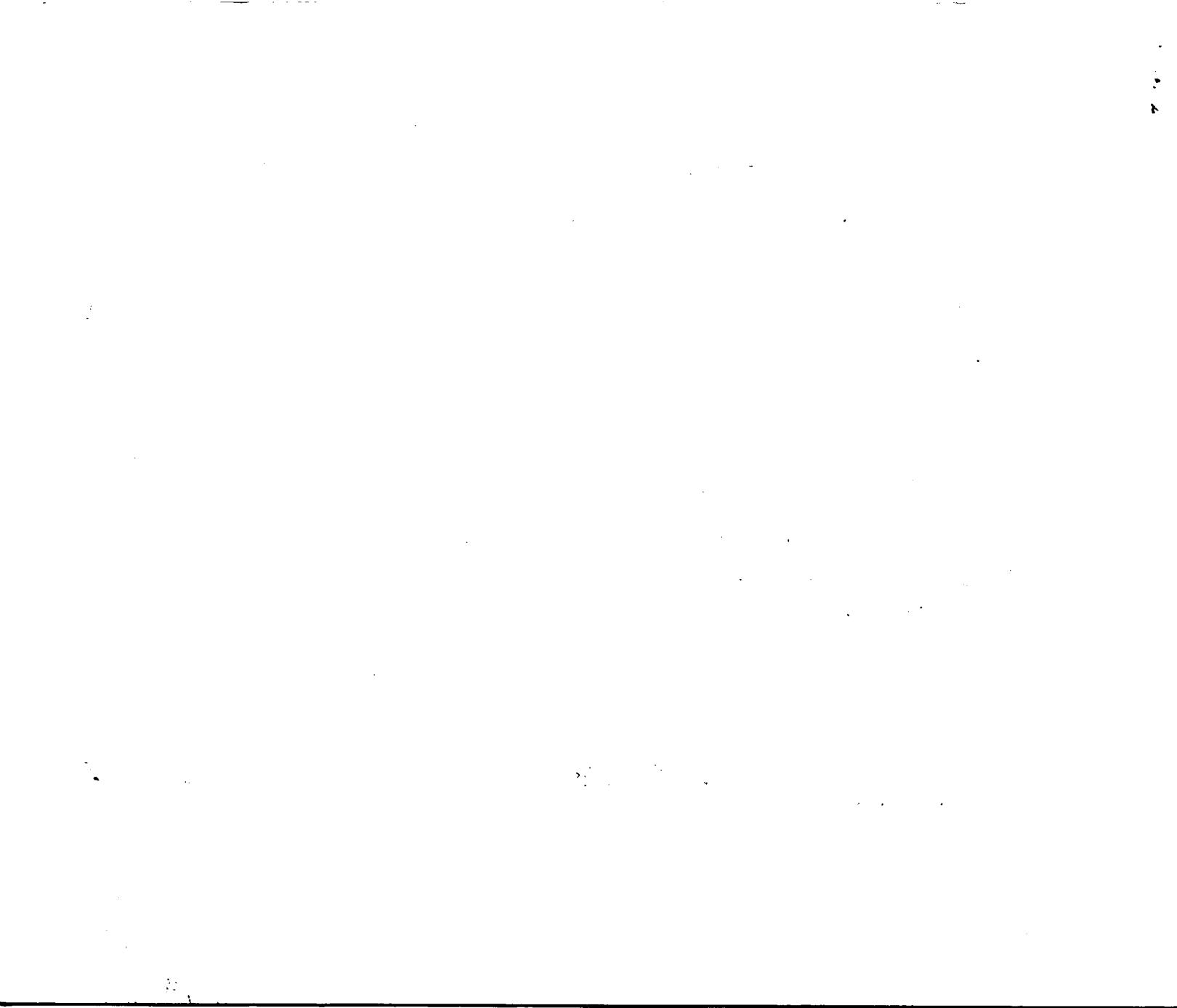
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIY	25d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. MAY 15 1951	REGISTRAR'S SIGNATURE Katherine Auer	26. FUNERAL DIRECTOR	ADDRESS
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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of IdahoState File No. **128**
Local Reg. No. **5-1**
Reg. Dist. No. **5-1**

RECEIVED			
1. PLACE OF STILLBIRTH a. COUNTY Bannock b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Paul Pocatello c. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Hall d. STREET ADDRESS (If rural, give location) Fort Hall, Idaho	
3. CHILD'S NAME (Type or Print) Baby Boy Stone			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) 5 (Day) 8 (Year) 51
7. FATHER'S NAME	a. (First) Leonard	b. (Middle)	c. (Last) Stone
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME Lydia	a. (First)	b. (Middle)	c. (Last) George
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Lydia G. Stone	mother		
18a. LENGTH OF PREG- NANCY 36 WEEKS	18b. WEIGHT AT BIRTH --- LBS. --- OZS.	19. Was a standard serological test for syphilis performed? Yes Yes No No y 36.5 Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Massive placental infarction 20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:36 a.m.	23a. ATTENDANT'S SIGNATURE Lorraine Howard (Specify if M. D., midwife, or other)		23b. DATE SIGNED 5-16-51
	23c. ATTENDANT'S ADDRESS Pocatello, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. May 18 1951	REGISTRAR'S SIGNATURE Fatherine Aue	26. FUNERAL DIRECTOR	ADDRESS



RECEIVED CERTIFICATE OF STILLBIRTH

JUN 8 1951

State of Idaho

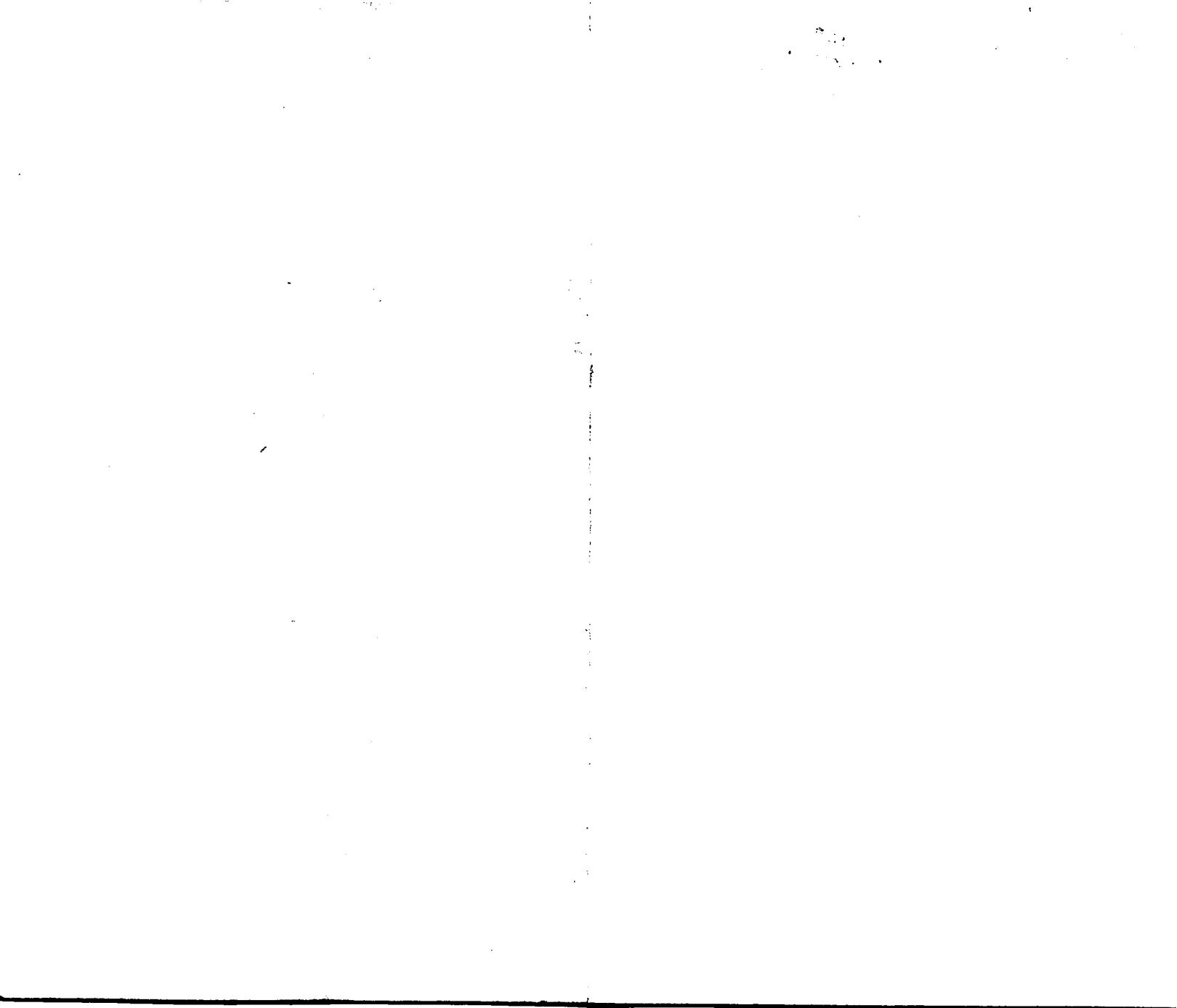
State File No.....

67

Local Reg. No. 19

Reg. Dist. No. 130

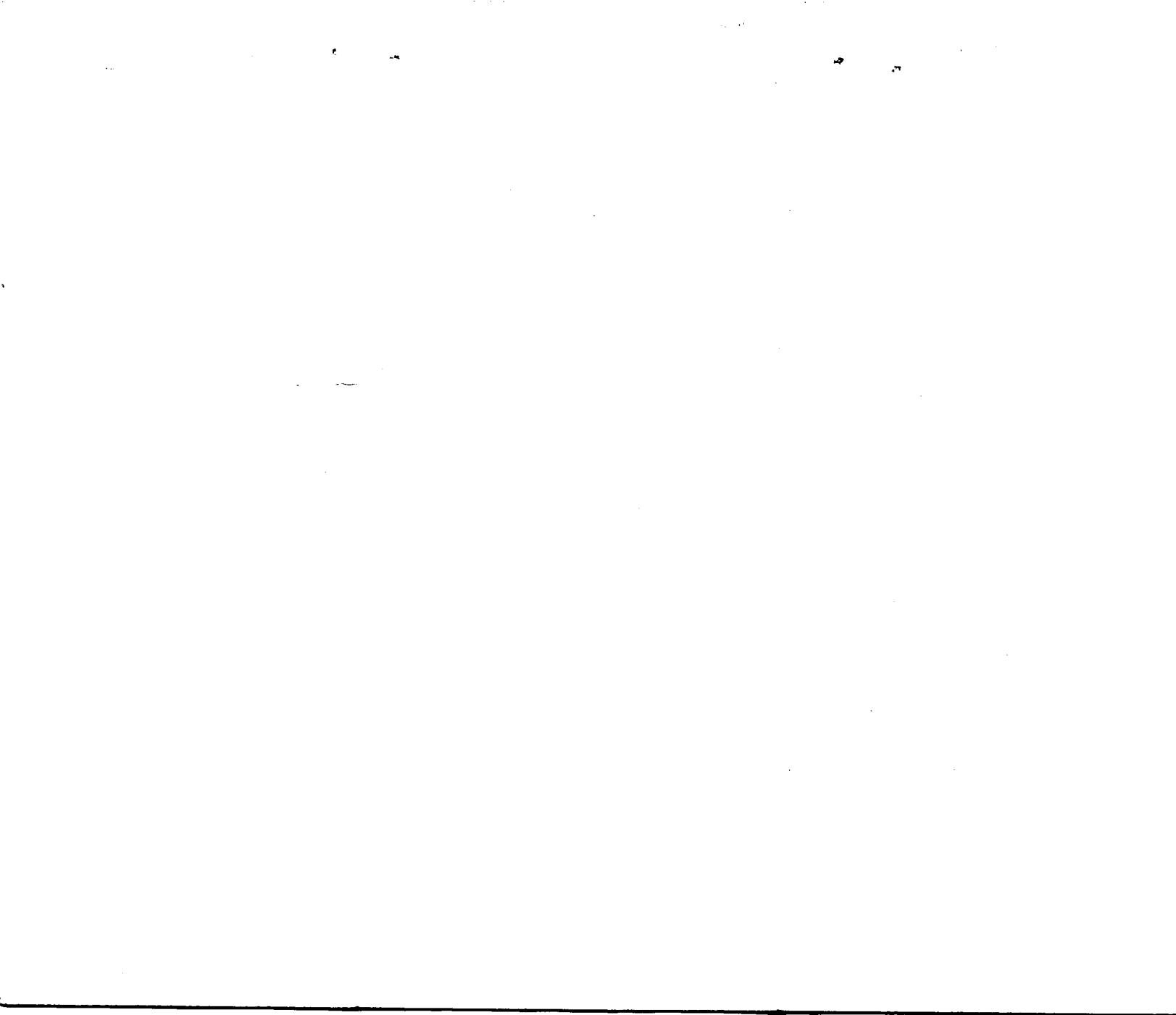
1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Benewah	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	St. Maries	b. COUNTY	Benewah
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Home of her mother	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	St. Maries
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
Timothy Weightman		Rt. #1	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	May 23, 1951
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
			8. COLOR OR RACE
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Marjorie	Ann	Weightman
13. COLOR OR RACE	White		
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
22	Seattle, Wash.	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	Mrs. Leona Weightman	One	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG- NANCY 32 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... X.....	
		Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Mother had severe case of flu. y 31.1		
	20b. MATERNAL CAUSES Premature		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
<i>W. E. Beegle</i>		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL	
Tekoa, Washington		TITLE	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE 5-24-51	25c. NAME OF CEMETERY OR CREMATORIAL Woodlawn	25d. LOCATION (City, town, or county) (State) St. Maries, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
May 25, 1951	<i>Alma Y. Madison</i>	<i>D. E. W. Jones</i>	St. Maries, Idaho



RECEIVED (1949 Revision of Standard Certificate)
MAY 12 1951
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 68
Local Reg. No. 105
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Bonnieville</u>		a. STATE <u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> .		b. COUNTY <u>Bingham</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sacred Heart Hosp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelley</u> .	
d. STREET ADDRESS (If rural, give location)			
3. CHILD'S NAME (Type or Print)			
Baby Weber			
4. SEX Female	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 2 1951
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION
12. MOTHER'S MAIDEN NAME Persis	a. (First)	b. (Middle)	c. (Last)
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Lincoln, Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
17. INFORMANT <i>mrs. Wm Bleake</i>	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>4 Apr 51</u> y 38.3	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Microcephalus = Acanthorraschesis</i> ② Prematurity		
	20b. MATERNAL CAUSES <i>None</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <i>MD</i>		(Specify if M. D., midwife, or other)
	23c. ATTENDANT'S ADDRESS <i>Shelley, Idaho</i>		23b. DATE SIGNED <i>8 May 51</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5-8-51	25c. NAME OF CEMETERY OR CREMATORIUM Lincoln Cemetery	25d. LOCATION (City, town, or county) (State) Lincoln Bonniville Idaho
DATE REC'D BY LOCAL REG. May 10-1951	REGISTRAR'S SIGNATURE <i>Anne Budge</i>	26. FUNERAL DIRECTOR <i>Floyd M. Nalden</i>	ADDRESS <i>Shelley</i>



RECEIVED (1949 Revision of Standard Certificate)
JUN 13 1951 **CERTIFICATE OF STILLBIRTH**
DEPARTMENT OF VITAL STATISTICS **State of Idaho**

State File No.
Local Reg. No. 110
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY BONNEVILLE	b. STATE IDAHO	a. COUNTY Bonnieville	b. STATE IDAHO
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IDAHO FALLS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IDAHO FALLS		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S.	d. STREET ADDRESS R.F.D #2	(If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY GIRL SOELBERG			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH May 21, 1951
7. FATHER'S NAME Renaldo Truman Soelberg	a. (First) Renaldo	b. (Middle) Truman	c. (Last) Soelberg
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	11a. USUAL OCCUPATION Farmers	11b. KIND OF BUSINESS OR INDUSTRY Own Farm
12. MOTHER'S MAIDEN NAME Melinda Mae	a. (First) Melinda	b. (Middle) Mae	c. (Last) Bills
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Peyson, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT R. J. Soelberg Idaho Falls	18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS OZS	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date Y381
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Hydrocephalous - Multiple congenital deformities		
	20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY Breast extraction -		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE John Soelber		(Specify if M.D., midwife, or other) M.D.
	23c. ATTENDANT'S ADDRESS None		23b. DATE SIGNED 3-23-51
	24. SIGNATURE OF AUTHORIZED OFFICIAL None		TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE May 22, 1951	25c. NAME OF CEMETERY OR CREMATORIUM Rose Hill	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. May 31-1951	REGISTRAR'S SIGNATURE Anna Burges	26. FUNERAL DIRECTOR Herman Richards, Preston, Idaho.	ADDRESS E-355

Dr. John Hattie

RECEIVED (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAY 13 1951

OF VITAL State of Idaho

State File No.

Local Reg. No. 123

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <i>BONNEVILLE</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>IDAHO</i> b. COUNTY <i>BONNEVILLE</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>IDAHO FALLS</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>IDAHO FALLS</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>L.O.S. HOSPITAL</i>		d. STREET ADDRESS (If rural, give location) <i>1025 RISSET</i>	
3. CHILD'S NAME (Type or Print) <i>BABY BOY RAYBOULD</i>			
4. SEX <i>M</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>MAY 27, 1951</i>
7. FATHER'S NAME <i>VERO</i>	a. (First) <i>RUBY</i>	b. (Middle) <i>LIL-JENQUIST</i>	c. (Last) <i>RAYBOULD</i>
9. AGE (At time of this birth) <i>35</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>SUGAR CITY, IDAHO</i>	11a. USUAL OCCUPATION <i>JEWLER</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>OWN BUSINESS</i>
12. MOTHER'S MAIDEN NAME <i>NANCY</i>	a. (First) <i>RUBY</i>	b. (Middle) <i>LIL-JENQUIST</i>	c. (Last) <i>RAYBOULD</i>
14. AGE (At time of this birth) <i>39</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>HYRUM, UTAH</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Verd n Raybold - Idaho Falls</i>			
18a. LENGTH OF PREGNANCY WEEKS <i>36</i>	18b. WEIGHT AT BIRTH LBS. <i>7</i>	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <i>May 36, 1951</i>	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>Prolapse of umbilical cord</i>		20b. MATERNAL CAUSES <i>Delivery</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Verde Raybold</i> (Specify if M.D., midwife, or other)	
		23b. DATE SIGNED <i>5/31/57</i>	
23c. ATTENDANT'S ADDRESS <i>Idaho Falls</i>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <i>BURIAL</i>	25b. DATE <i>MAY 28, 1951</i>	25c. NAME OF CEMETERY OR CREMATORIAL <i>ROSE HILL</i>	25d. LOCATION (City, town, or county) (State) <i>IDAHO FALLS, IDAHO</i>
DATE REC'D BY LOCAL REG. <i>June 10-1951</i>	REGISTER'S SIGNATURE <i>Anna Budga</i>	26. FUNERAL DIRECTOR ADDRESS <i>William Funeral Home - Idaho Falls E-355 Herman J. Richards Preston, Idaho</i>	

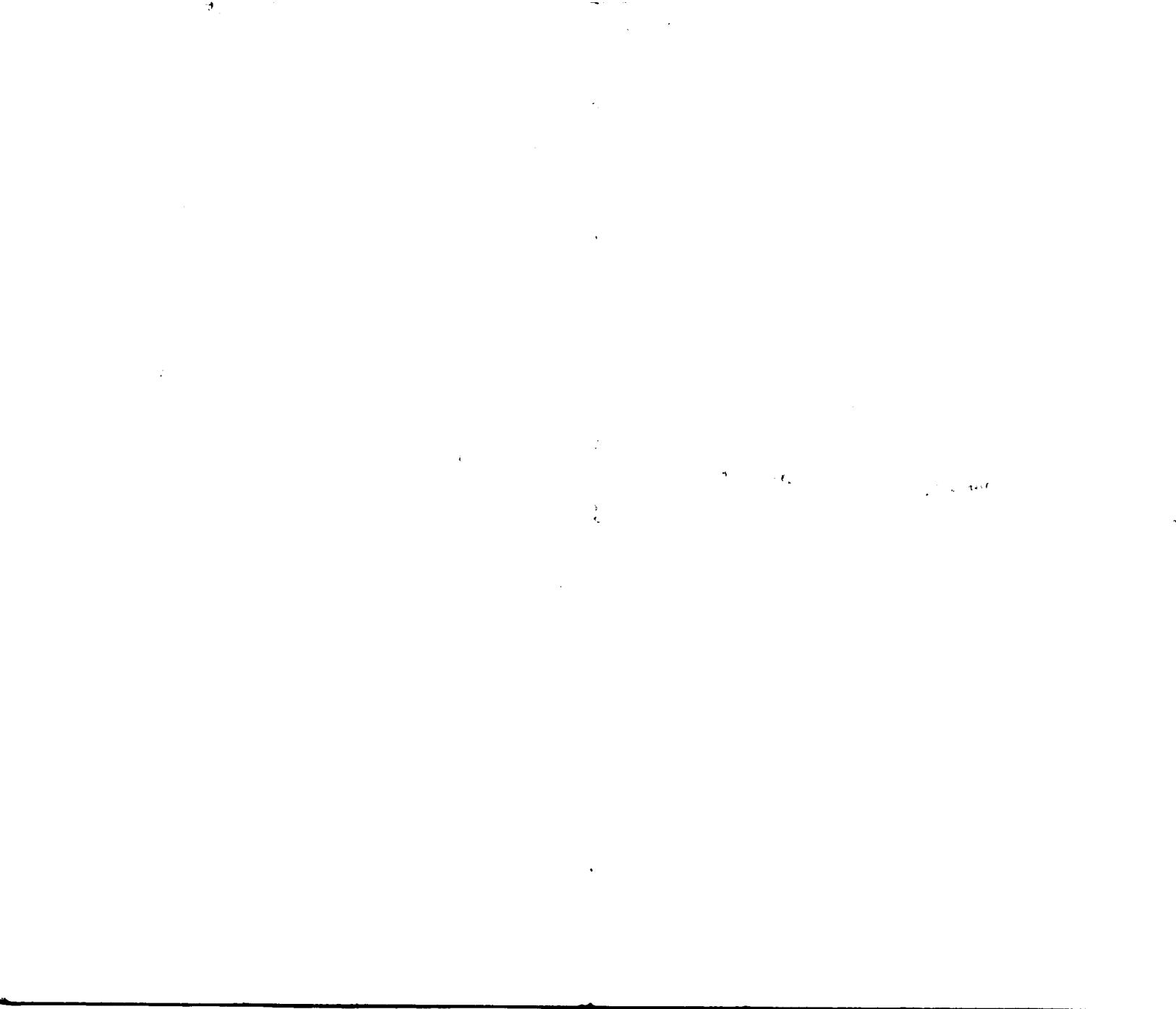
For. George M.

Hannibal City - Mo

RECEIVED
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAY 28 1949
OF VITAL Statistics
State of Idaho

State File No. 115-1
 Local Reg. No. 13-51
 Reg. Dist. No. 100

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)								
a. COUNTY	<i>Bonneville</i>	a. STATE	<i>Mont.</i>							
b. CITY (If outside corporate limits, write RURAL and give township or town)	<i>Bonners Ferry</i>	b. COUNTY	<i>Lincoln</i>							
c. FULL NAME OF HOSPITAL OR INSTITUTION	<i>Community Hosp</i>	c. CITY (If outside corporate limits, write RURAL and give township or town)	<i>Troy</i>							
3. CHILD'S NAME <i>(Type or Print)</i>	<i>Infant Girl Thorstad</i>									
4. SEX	5a. THIS BIRTH <i>F</i>	5b. IF TWIN OR TRIPLET (This child born) SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year)	<i>5 - 24 - 51</i>						
7. FATHER'S NAME	a. (First) <i>Jesus</i>	b. (Middle) <i>M.</i>	c. (Last) <i>Thorstad</i>	8. COLOR OR RACE <i>white</i>						
9. AGE (At time of this birth) <i>27</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Minn.</i>	11a. USUAL OCCUPATION <i>Mechanic</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>K.U. Garage</i>							
12. MOTHER'S MAIDEN NAME	a. (First) <i>Myrum</i>	b. (Middle) <i>W.</i>	c. (Last) <i>Joyce</i>	13. COLOR OR RACE						
14. AGE (At time of this birth) <i>20</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Minn.</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. How many children are now living?</td> <td>b. How many children were born alive but are now dead?</td> <td>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?</td> </tr> <tr> <td><i>0</i></td> <td><i>0</i></td> <td></td> </tr> </table>			a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	<i>0</i>	<i>0</i>	
a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?								
<i>0</i>	<i>0</i>									
17. INFORMANT <i>X Jesus M. Thorstad</i>	18a. LENGTH OF PREG. <i>37</i> WEEKS	18b. WEIGHT AT BIRTH LBS. <i>5</i> OZS. <i>0</i>	19. Was a standard serological test for syphilis performed? Yes..... No..... <i>Approximate date</i>							
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Anencephalic Monster</i> y38.0									
	20b. MATERNAL CAUSES									
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>									
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>R. M. Bonnell M.D.</i>	(Specify if M. D., midwife, or other)							
		23c. ATTENDANT'S ADDRESS <i>None</i>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>None</i>						
25a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>5/25/51</i>	25c. NAME OF CEMETERY OR CREMATORIAL <i>Grandview</i>	25d. LOCATION (City, town, or county) <i>Bonners Ferry Idaho</i>	(State)						
DATE REC'D BY LOCAL REG. <i>5-25-51</i>	REGISTRAR'S SIGNATURE <i>R. M. Bonnell</i>	26. FUNERAL DIRECTOR ADDRESS <i>Frank House Bonners Ferry Idaho</i>								



RECEIVED

(1949 Revision of Standard Certificate)

MAY 12 1951

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

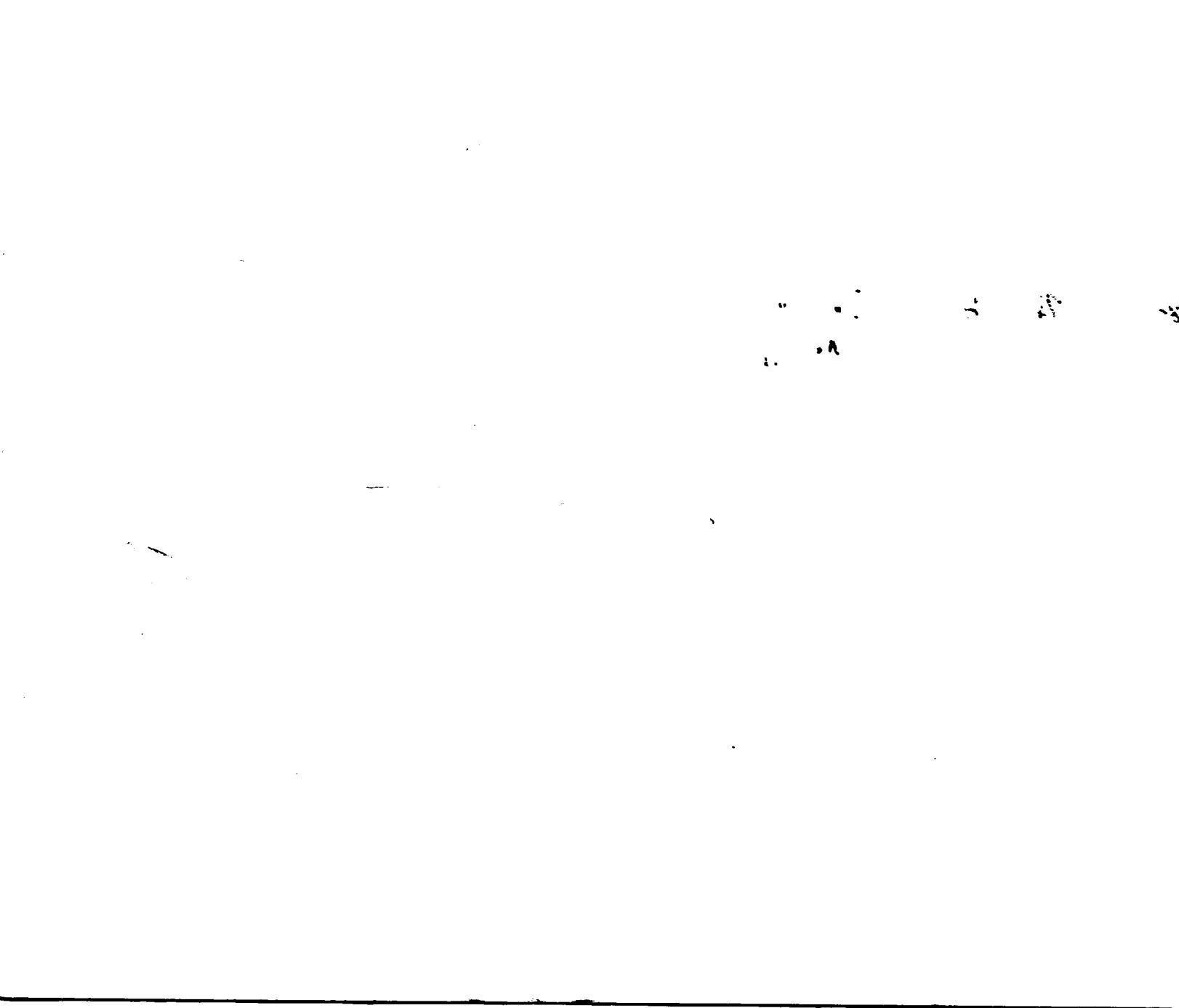
State of Idaho

State File No. 212

Local Reg. No. 7

Reg. Dist. No. 363

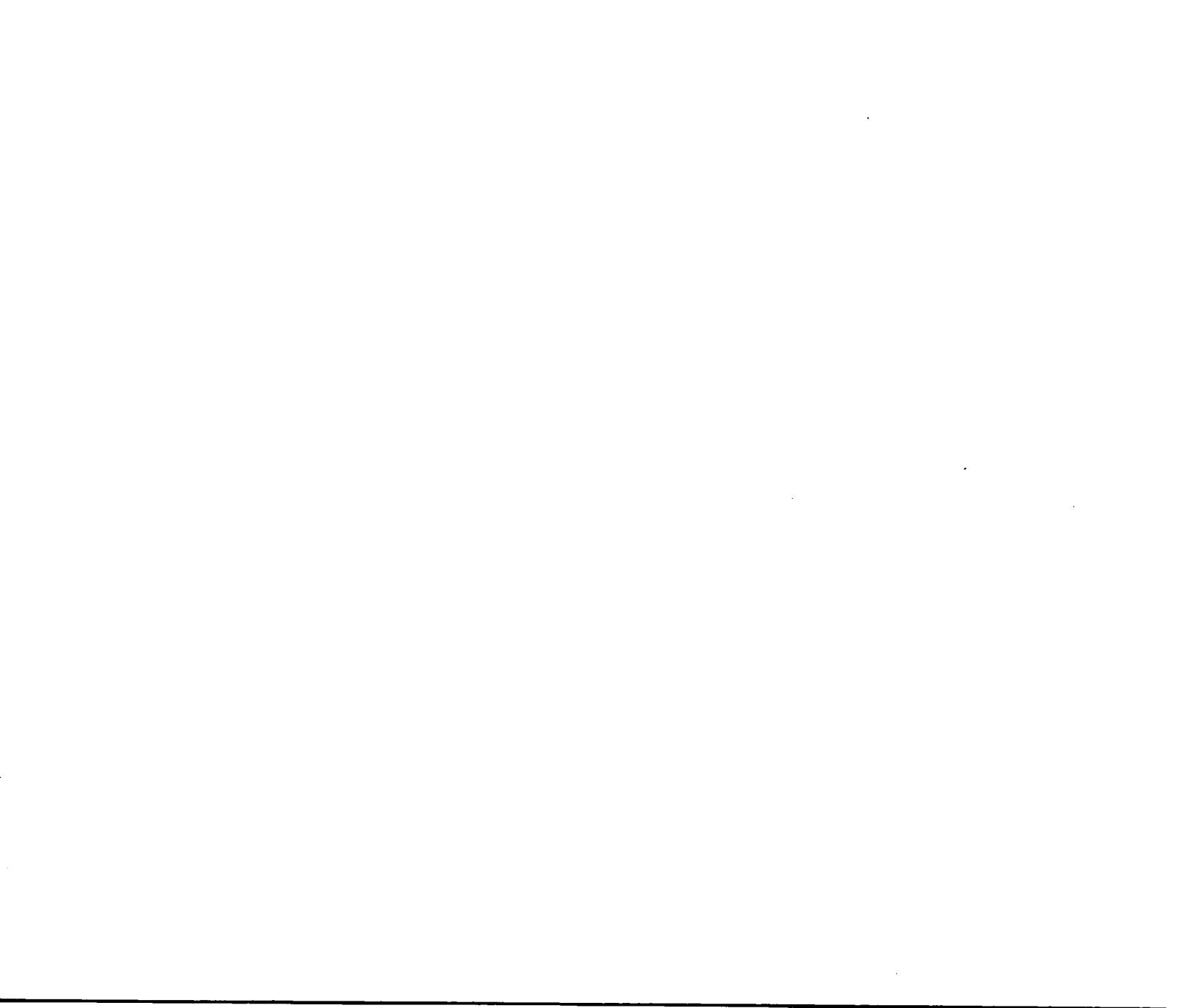
1. PLACE OF STILLBIRTH STATE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)						
a. COUNTY	Canyon	a. STATE	Idaho					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Nampa	b. COUNTY	Canyon					
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Miley Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Horn Home					
d. STREET ADDRESS		(If rural, give location)	Medway Drive					
3. CHILD'S NAME (Type or Print)		John Last						
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF STILLBIRTH (Month)	(Day)	(Year)		
M	SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	3	28	51	
7. FATHER'S NAME	a. (First) Murray Lammont		b. (Middle)	c. (Last)	8. COLOR OR RACE			
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY				
49 YEARS	St George Utah	Unemployed.						
12. MOTHER'S MAIDEN NAME	a. (First) Edna Annett		b. (Middle)	c. (Last)	13. COLOR OR RACE			
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)					
38 YEARS	New Mexico		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT	Edna Annett Last - Mother		10					
18a. LENGTH OF PREG. NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date				
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES		Collapse of cord				
		20b. MATERNAL CAUSES		Collapse of cord				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY						
<i>None</i>		<i>None</i>						
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE		(Specify M.M., midwife, or other)		23b. DATE SIGNED		
		<i>William J. Kelly M.D.</i>				<i>3-3-51</i>		
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE March 30-1951	25c. NAME OF CEMETERY OR CREMATORIAL Canyon Hill	25d. LOCATION (City, town, or county) Caldwell, Idaho		(State)		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>Mrs James Sick, deputy</i>		26. FUNERAL DIRECTOR McKenna-Dakota Chapel				
						Caldwell, Idaho		



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAY 12 1950 State of Idaho

State File No. 13
Local Reg. No. 8
Reg. Dist. No. 363

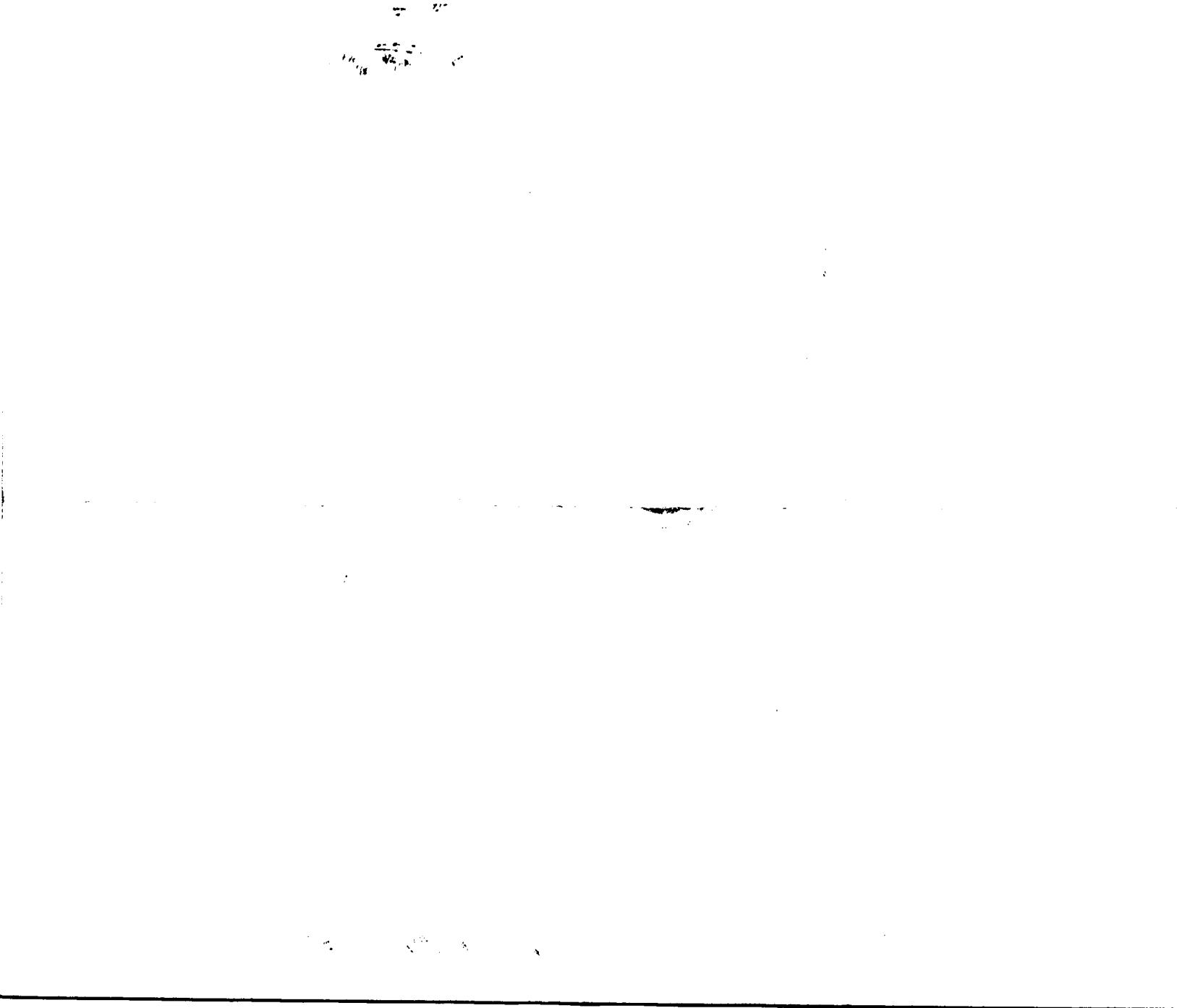
1. PLACE OF STILLBIRTH a. COUNTY Casper STATISTC.		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Casper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Casper		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wieder	
c. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Melody Sleep.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Lynest		6. DATE OF STILLBIRTH (Month) (Day) (Year) 4 11 51	
4. SEX F	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	7. FATHER'S NAME a. (First) Ray - b. (Middle) b. (Last) Helzelian w
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) South Dakota	11a. USUAL OCCUPATION Farmery.	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Eileen Jessie Helzelian - Malke	a. (First) Eileen Jessie b. (Middle) b. (Last) b. (Last) w	13. COLOR OR RACE	
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Wyoming City Banks	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Eileen Jessie Helzelian - Malke	7		
18a. LENGTH OF PREG. NANCY 36 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 36.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature Separation of Placenta	
20b. MATERNAL CAUSES		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
22. STATE ALL OPERATIONS FOR DELIVERY		23a. ATTENDANT'S SIGNATURE William J Kelly MD	
23b. DATE SIGNED 4-16-51		Specify if M.D., midwife, or other	
23c. ATTENDANT'S ADDRESS Casper Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMA-TION, REMOVAL (Specify)		25b. DATE	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. #		REGISTRAR'S SIGNATURE Mrs Jane Beck	
		26. FUNERAL DIRECTOR ADDRESS	



RECEI
MAY 24 1951 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No.
 Local Reg. No. 42
 Reg. Dist. No. 1670

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY	<u>Cassia</u>	a. STATE	<u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township or town)	<u>Burley</u>	b. COUNTY	<u>Cassia</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	<u>Cottage Hospital</u>			
3. CHILD'S NAME (Type or Print)	<u>Terri Lee Garner</u>			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF STILLBIRTH (Month) (Day) (Year)
<u>Female</u>	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<u>July 9, 1951</u>	
7. FATHER'S NAME	a. (First) <u>Lester</u>	b. (Middle) <u>Albert</u>	c. (Last) <u>Garnier</u>	8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY
<u>27</u> YEARS	<u>Butte Montana</u>	<u>Farmer</u>		<u>Farming</u>
12. MOTHER'S MAIDEN NAME	a. (First) <u>Marie</u>	b. (Middle) <u>-</u>	c. (Last) <u>Garnier</u>	13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
<u>27</u> YEARS	<u>Burley, Idaho</u>	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT	<u>Lester Albert Garnier</u>			<u>None</u>
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11-21-51</u>		
20a. FETAL CAUSES		<u>Anoxia</u> <u>Y36.2</u>		
20b. MATERNAL CAUSES		<u>Prematuro separation placenta</u> <u>low forceps extraction</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY		
<u>Right occiput posterior</u>		<u>low forceps extraction</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23. ATTENDANT'S SIGNATURE <u>John W. Dickey M.D.</u>		23b. DATE SIGNED <u>5/11/51</u>
23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Kenneth M. Mullach</u>		TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>5-11-51</u>	25c. NAME OF CEMETERY OR CREMATORIUM <u>Pleasant View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE <u>B. Wilson</u>		26. FUNERAL DIRECTOR <u>Kenneth M. Mullach</u>	
		ADDRESS <u>Burley, Idaho</u>		



(1949 Revision of Standard Certificate)

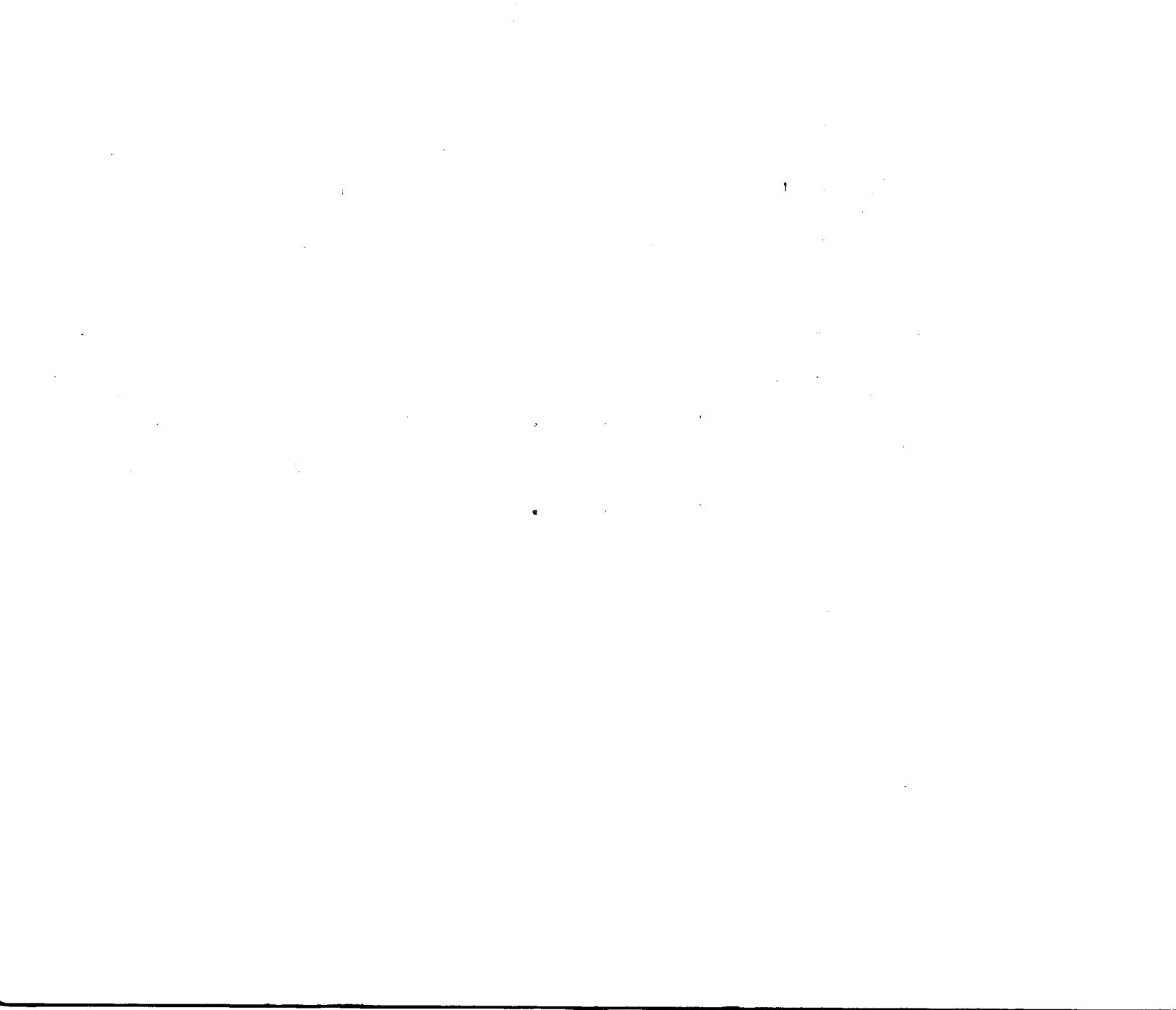
CERTIFICATE OF STILLBIRTH

RECEIVED State of Idaho

State File No.
Local Reg. No. 6
Reg. Dist. No. 170

75

1. PLACE OF STILLBIRTH a. COUNTY Kootenai JUN 9 1951 b. CITY (If outside corporate limits, write RURAL and give township or town) Coeur d' Alene c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai c. CITY (If outside corporate limits, write RURAL and give township or town) Coeur d' Alene d. STREET ADDRESS (If rural, give location) 501 Hattie	
3. CHILD'S NAME (Type or Print) Donald Humphrey			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) 5 (Day) 22 (Year) 51
7. FATHER'S NAME	a. (First) John	b. (Middle) Nylen	c. (Last) Humphrey
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Coeur d' Alene, Ida.	11a. USUAL OCCUPATION Skimmer	11b. KIND OF BUSINESS OR INDUSTRY Trentwood Aluminum
12. MOTHER'S MAIDEN NAME Hilda	a. (First)	b. (Middle)	c. (Last) Wickner
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Coeur d' Alene, Ida.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 0	
17. INFORMANT Mrs. J. J. Humphrey	18a. LENGTH OF PREG. NANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date September 136.2
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Obstructed fetus</i> 20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>O. M. Wickner M.D.</i>	(Specify M. M. D., midwife, or other)
		23c. ATTENDANT'S ADDRESS <i>Coeur d' Alene Id</i>	23b. DATE SIGNED <i>5/25/51</i>
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>Lorraine R. Brush</i>	26. FUNERAL DIRECTOR ADDRESS



CERTIFICATE OF STILLBIRTH

RECEIVED State of Idaho

State File No. 875
Local Reg. No. 5
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		JUN 9 1951 DIVISION OF VITAL STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township or town) Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township or town) Post Falls		d. STREET ADDRESS Rt # 1	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City Gen					
3. CHILD'S NAME (Type or Print) Elizabeth Streeter					
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 5 26 51		
7. FATHER'S NAME Robert	a. (First) Robert	b. (Middle) D	c. (Last) Streeter	8. COLOR OR RACE W	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Tillamook Ore.	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Ranch Hand		
12. MOTHER'S MAIDEN NAME Virginia	a. (First) Virginia	b. (Middle) Allen	c. (Last) Shelton	13. COLOR OR RACE W	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Pasadena Calif	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT					
18a. LENGTH OF PREG- NANCY WEEKS 6	18b. WEIGHT AT BIRTH 6 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date November, 1950. Y 39.6			
20a. FETAL CAUSES Unknown Fetal Causes		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None - Mother R.H. Positive		22. STATE ALL OPERATIONS FOR DELIVERY None			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE William T. Wood, M.D.		(Specify if M. D., midwife, or other)	
		23c. ATTENDANT'S ADDRESS Burial		23b. DATE SIGNED 5-28-'51.	
		24. SIGNATURE OF AUTHORIZED OFFICIAL Gilbert Gates		TITLE	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE 5-28-51	25c. NAME OF CEMETERY OR CREMATORIAL Forest	25d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho	
DATE REC'D BY LOCAL REG. 6-1-51		REGISTRAR'S SIGNATURE Lorraine R. Brush		26. FUNERAL DIRECTOR Gilbert Gates	
				ADDRESS Coeur d'Alene Idaho	

None	None	None	None	Baseadenine	Caffit	33
None	None	None	None	Aldosterone	After	33
None	None	None	None	Tiffismook	Cre.	33
None	None	None	None	Hormone	Hormon	33
None	None	None	None	Hopert	D	33
None	None	None	None	Glycoselot	X	33
None	None	None	None	Pike Gita Gen	Comt d. Afane	33
None	None	None	None	Hotel Massie	Iapeo	33
None	None	None	None	Rt & I	Kool eansi	33

RECEIVED

28 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 4

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH **OF VITAL**a. COUNTY **Kootenai**b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Coeur d'Alene**c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **LCG Hospital**

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE **Idaho**
b. COUNTY **Kootenai**c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Coeur d'Alene**d. STREET ADDRESS (If rural, give location)
501 Hattie

3. CHILD'S NAME

(Type or Print) **(infant)****Humphrey**

4. SEX

5a. THIS BIRTH

Male SINGLE TWIN TRIPLET 1ST 2ND 3RD6. DATE OF (Month) (Day) (Year)
STILLBIRTH May 22, 1951

7. FATHER'S NAME

a. (First) **John**b. (Middle) **Nylen****Humphrey**

8. COLOR OR RACE

White

9. AGE (At time of this birth)

38

YEARS

10. BIRTHPLACE (State or foreign country)

Idaho

11a. USUAL OCCUPATION

Skimmer

11b. KIND OF BUSINESS OR INDUSTRY

Aluminum Plant

12. MOTHER'S MAIDEN NAME

a. (First) **Hilda**

b. (Middle)

c. (Last) **Wickner**13. COLOR OR RACE
White

14. AGE (At time of this birth)

33

YEARS

15. BIRTHPLACE (State or foreign country)

Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? **2** b. How many children were born alive but are now dead? **0** c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? **0**

17. INFORMANT

X John Nylen Humphrey

18a. LENGTH OF PREG. NANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes **Yes** No **No**

20a. FETAL CAUSES

Obstructive Placenta

20b. MATERNAL CAUSES

(Obstruction)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at **m.**

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

5/23/51

25a. BURIAL, CREMATION, OR Crematory

25b. DATE **May 24, 1951** 25c. NAME OF CEMETERY OR CREMATORIAL **Forest Cemetery** 25d. LOCATION (City, town, or county) (State) **Coeur d'Alene, Idaho**

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR ADDRESS
Lorraine K-Bruce **Worthington** **Coeur d'Alene, Idaho**

RECEIVED (1949 Revision of Standard Certificate)

MAY 18 1951 CERTIFICATE OF STILLBIRTH

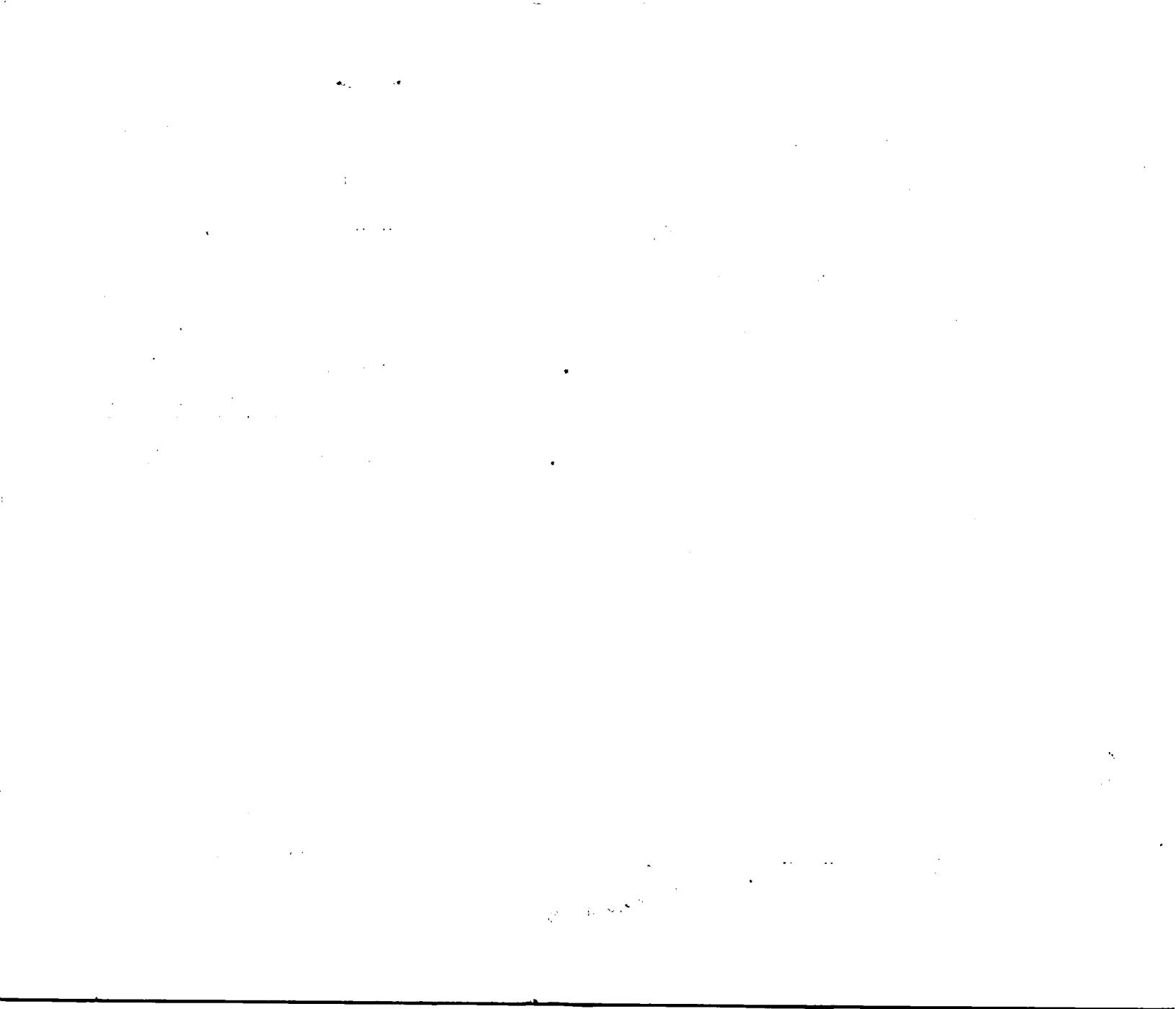
State of Idaho

State File No. 278

Local Reg. No. 3

Reg. Dist. No. 1

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Kootenai	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Coeur d' Alene	b. COUNTY	Kootenai
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Lake City General Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Coeur d' Alene
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
Infant Girl McCormick		835-W Garden Ave.	
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 8, 1951
7. FATHER'S NAME	a. (First) John	b. (Middle) H.	c. (Last) McCormick
8. COLOR OR RACE	White		
9. AGE (At time of this birth) 46 YEARS	10. BIRTHPLACE (State or foreign country) Bozeman Montana	11a. USUAL OCCUPATION Bus Driver	11b. KIND OF BUSINESS OR INDUSTRY C.D.A. City Line
12. MOTHER'S MAIDEN NAME	a. (First) Margaret	b. (Middle) A.	c. (Last) Comay
13. COLOR OR RACE	White		
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Bonner Falls Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT <i>Mr. John McCormick</i>	18a. LENGTH OF PREG- NANCY NANCY WEEKS 8	18b. WEIGHT AT BIRTH LBS 7 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>May 39.2</i>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Stillborn - hydrops fetalis</i>		
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>Cesarean</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <i>Bonnie Lee Smith</i>	(Specify, M.D., midwife, or other)	23b. DATE SIGNED <i>5/11/51</i>
24. ATTENDANT'S ADDRESS <i>B.D.A. Salter</i>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Lorraine K. Brush</i>	TITLE <i>M.D.</i>
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE 5-10-51	25c. NAME OF CEMETERY OR CREMATORIY St. Thomas Cemetery	25d. LOCATION (City, town, or county) Coeur d' Alene Idaho (State)
DATE REC'D BY LOCAL REG. 5-10-51	REGISTRAR'S SIGNATURE <i>Lorraine K. Brush</i>	26. FUNERAL DIRECTOR <i>M.W. Salter</i>	ADDRESS <i>835 W. Garden Ave.</i>



JUN 11 CERTIFICATE OF STILLBIRTH
1951 State of IdahoState File No. 810
Local Reg. No. 18
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH

a. COUNTY

Madison

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Rexburg.

c. FULL NAME OF HOSPITAL OR
INSTITUTION

Rexburg Maternity Hospital

3. CHILD'S NAME

(Type or Print)

Hospital

4. SEX

Male

5a. THIS BIRTH
SINGLE TWIN TRIPLET 5b. IF TWIN OR TRIPLET (This child born)
1ST 2ND 3RD

6. DATE OF STILLBIRTH (Month) (Day) (Year)

May 17 1951

7. FATHER'S NAME

a. (First) b. (Middle)

Ellis William Ard

9. AGE (At time of this birth)

27 YEARS

10. BIRTHPLACE (State or foreign country)

Rexburg, Idaho

11a. USUAL OCCUPATION

Electrician

11b. KIND OF BUSINESS OR INDUSTRY

Rexburg Electric

12. MOTHER'S MAIDEN NAME

a. (First) b. (Middle)

Mary Ellen Hindes

13. COLOR OR RACE

White

14. AGE (At time of this birth)

22 YEARS

15. BIRTHPLACE (State or foreign country)

Globe, Arizona

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Mary Ellen Ard

1 0

18a. LENGTH OF PREGNANCY

36 WEEKS

18b. WEIGHT AT BIRTH

5 LBS. 12 OZS.

19. Was a standard serological test for syphilis performed? Yes No
Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Unknown -

Y39.6

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:45 A.M.

23a. ATTENDANT'S SIGNATURE

D.D. Hoffman, MD

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

May 17, 1951

23c. ATTENDANT'S ADDRESS

Rexburg, Idaho

IF NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL CREMATION REMOVAL (Body)

Burial

25b. DATE

May 18th, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Riverview

25d. LOCATION (City, town, or county)

(State)
St. Anthony, Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

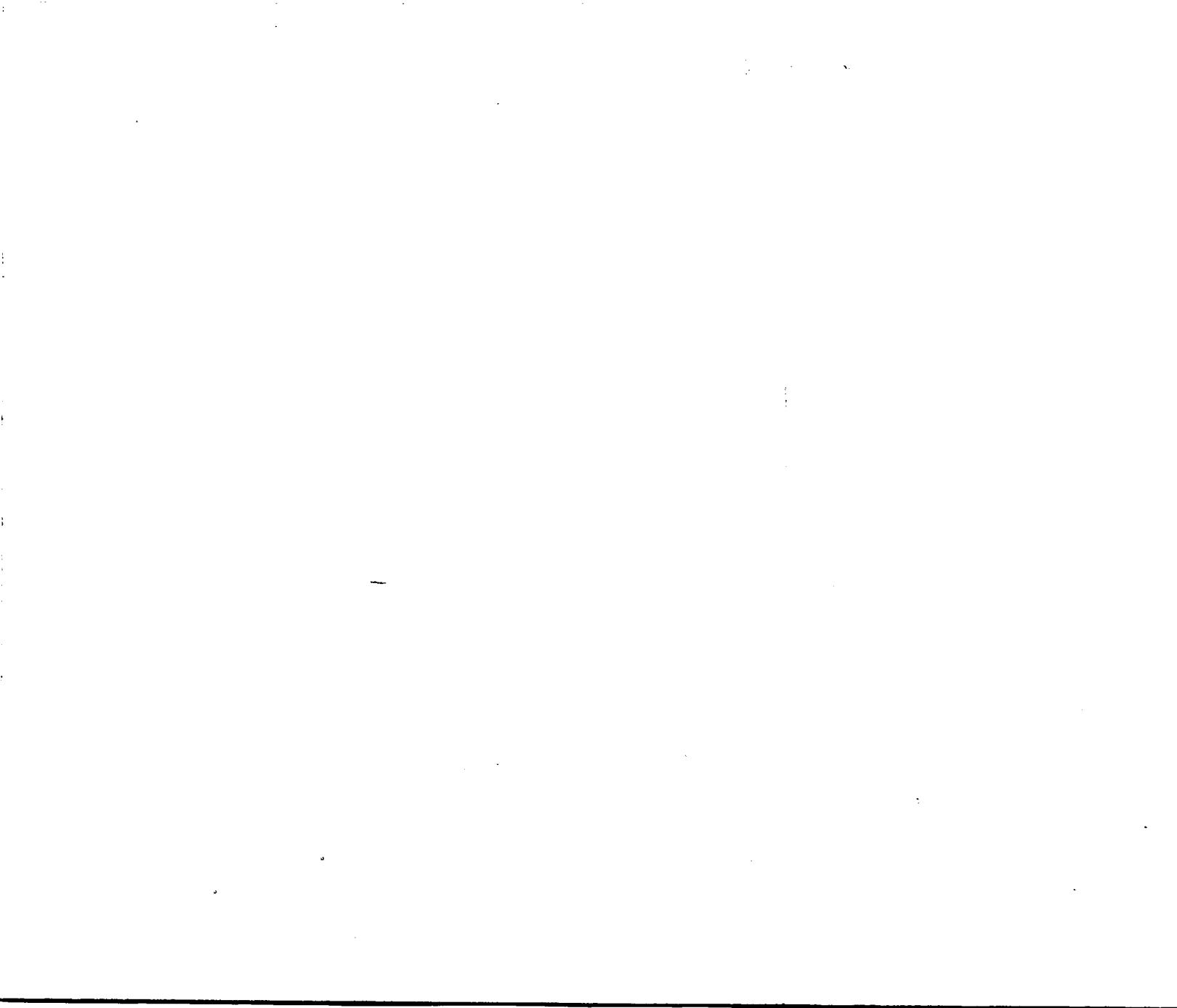
May 28, 1951 Leona Elmore

26. FUNERAL DIRECTOR

William Elmore

ADDRESS

St. Anthony, Idaho



RECEIVED 1949 Revision of Standard Certificate

MAY 24 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL Statistics State of Idaho

State File No. 523

Local Reg. No. 86

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH STATISTICS

a. COUNTY

NezPerce

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Lewistonc. FULL NAME OF (if not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION St Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho

b. COUNTY NezPerce

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Lewistond. STREET ADDRESS (If rural, give location)
516 16th Street

3. CHILD'S NAME

(Type or Print)

Sherry Lee Schriever

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month) (Day) (Year)

May

12th, 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

William

Matthew

Schriever

8. COLOR OR RACE

White

9. AGE (At time of this birth)

27

YEARS

10. BIRTHPLACE (State or foreign country)

Circle, Mont.

11a. USUAL OCCUPATION

Plumber

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

Lois

Carole

Mitchell

13. COLOR OR RACE

White

14. AGE (At time of this birth)

20

YEARS

15. BIRTHPLACE (State or foreign country)

Lewiston,

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

2

0

0

18a. LENGTH OF PREG. NANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

x 37.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Premature - 5 mo Pregnancy

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

Hank H. Hansen MD
Lewiston, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

23b. DATE SIGNED

*19 May 51*25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORIAL

25d. LOCATION (City, town, or county) (State)

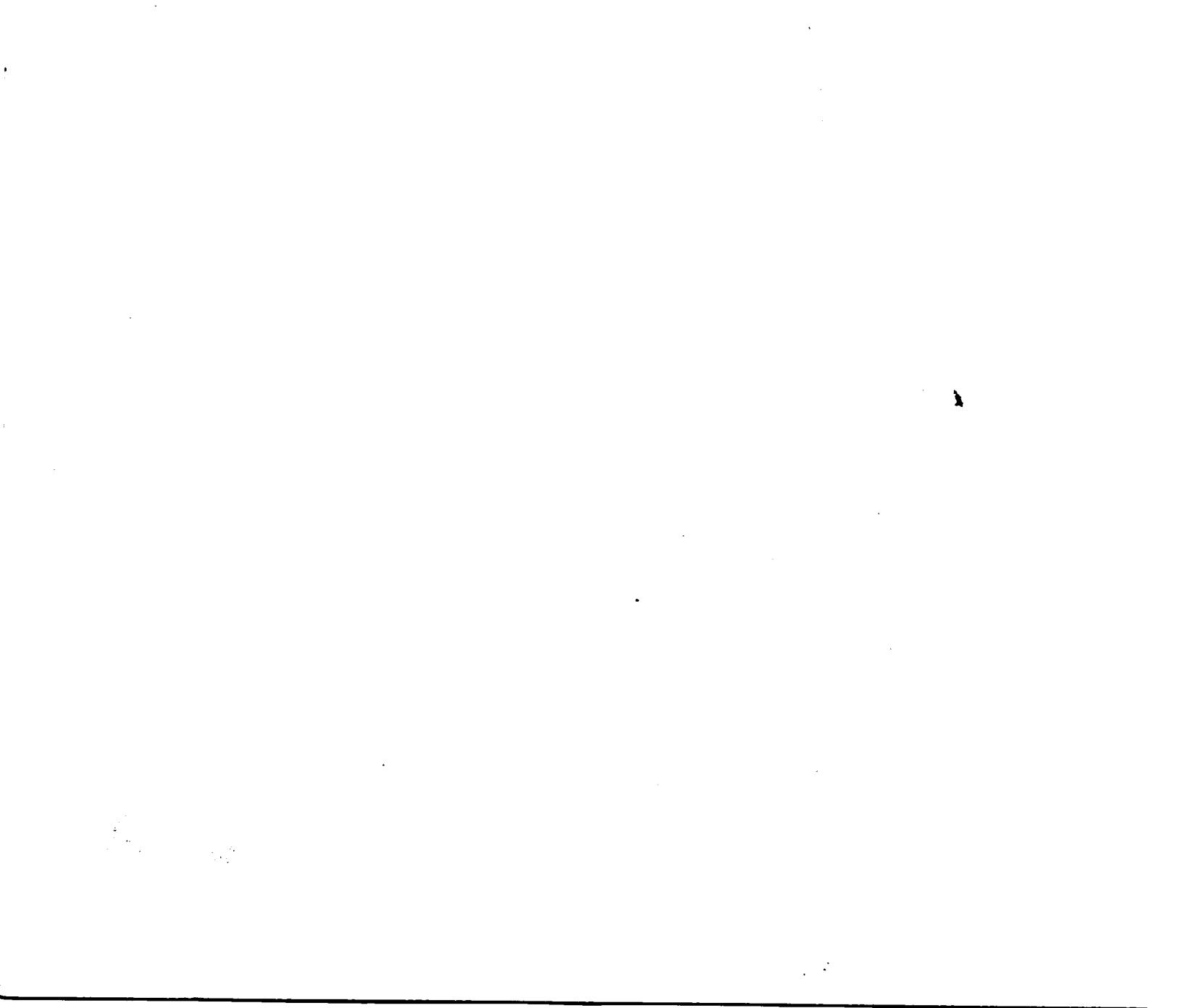
*BURIAL**MAY 15, 1951 NORMAL HILL**LEWISTON, IDA.*

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

*May 17, 51**BROWER-WANNA ADDRESS**Lewis**Alice Wethken**Kyle Wilson**LEWISTON,
IDAHO*



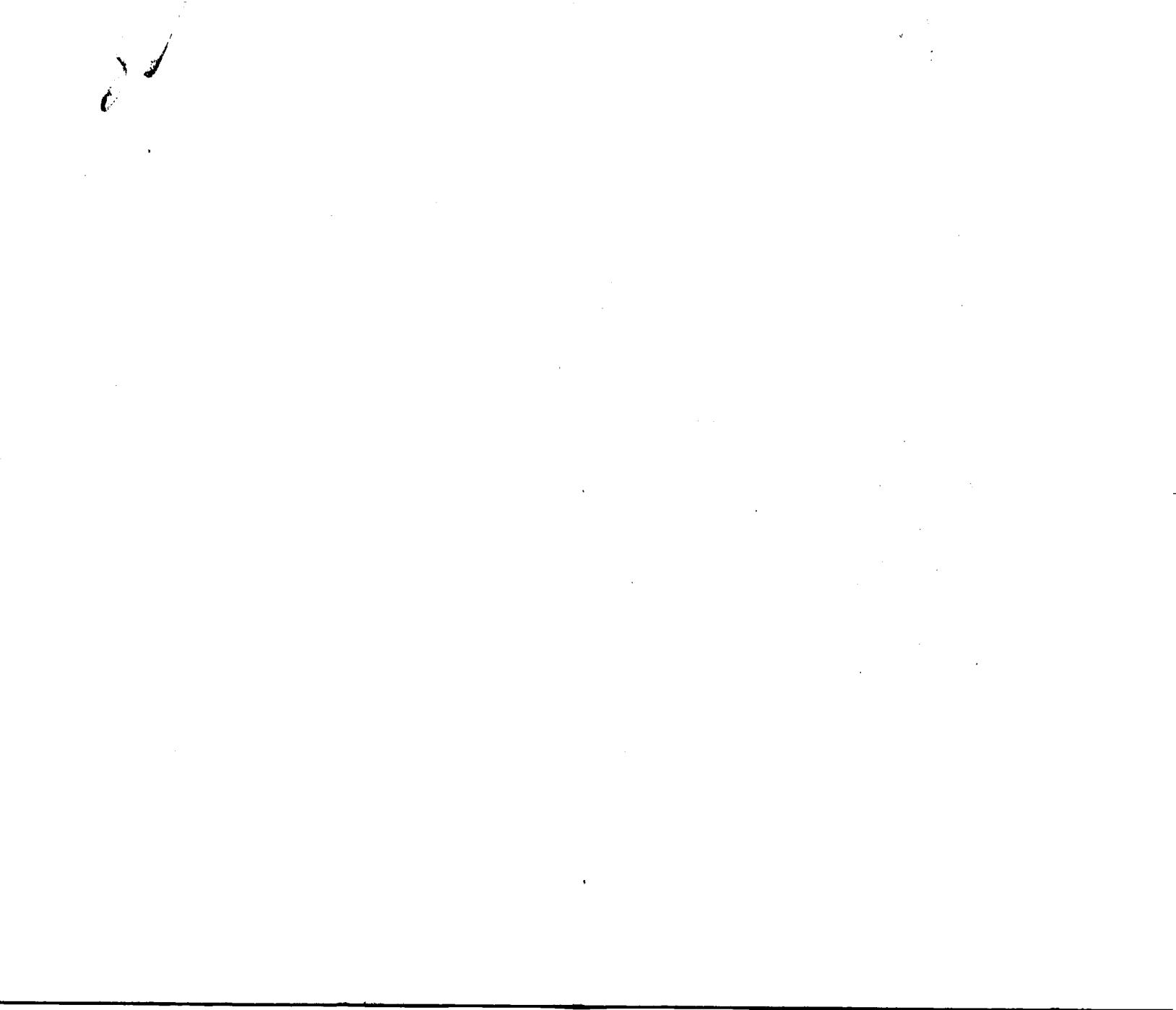
RECEIVED

PHS-797(V)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEJUN 6 1951
DIVISION OF VITAL
STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

(1949 Revision of Standard Certificate)

State File No. 91
Local Reg. No. 94
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <i>Nez Perce</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Wash.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lewiston</i>		b. COUNTY <i>Aerotown</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Joseph</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clarkston</i>	
d. STREET ADDRESS <i>522 - 789</i>		(If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Baby Girl Long</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (The child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>May 21, 1951</i>
7. FATHER'S NAME <i>Harry</i>	a. (First) <i>James</i>	b. (Middle) <i>Long</i>	c. (Last) <i>White</i>
9. AGE (At time of this birth) <i>56</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Superior, Wisc.</i>	11a. USUAL OCCUPATION <i>Fast Fuel Retail</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Fuel</i>
12. MOTHER'S MAIDEN NAME <i>Zelpha</i>	a. (First) <i>Naomi</i>	b. (Middle) <i>Drazen</i>	c. (Last) <i>White</i>
14. AGE (At time of this birth) <i>37</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Beloit, Kansas</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Harry J. Long</i>	18a. LENGTH OF PREG. NANO <i>9 weeks</i>	18b. WEIGHT AT BIRTH LBS. OZ. <i>Approximate date</i>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Yes</i> <i>136.2</i>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Premature separation of placenta</i>		
	20b. MATERNAL CAUSES <i>None</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>6:30 p.m.</i>		23a. ATTENDANT'S SIGNATURE <i>C. J. White, M.D.</i>	23b. DATE SIGNED <i>5-23-51</i>
		23c. ATTENDANT'S ADDRESS <i>Lewiston, Idaho</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL IF NOT attended by physician
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	25b. DATE <i>5/23/51</i>	25c. NAME OF CEMETERY OR CREMATORIAL <i>NORMAL HILL</i>	25d. LOCATION (City, town, or county) (State) <i>LEWISTON IDAHO</i>
DATE REC'D BY LOCAL REG. <i>May 24, 1951</i>	REGISTRAR'S SIGNATURE <i>Alice Stephen Brown</i>	26. FUNERAL DIRECTOR <i>None</i>	ADDRESS <i>Lewiston, Idaho</i>



RECEIVED

(1949 Revision of Standard Certificate)

JUN 2 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

DIVISION OF VITAL

State File No. 932

Local Reg. No. 14

Reg. Dist. No. 500

1. PLACE OF STILLBIRTH

a. COUNTY

STATISTICS

b. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

American Falls Idaho

c. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Schiltz Memorial Hospital

3. CHILD'S NAME

(Type or Print)

DWIGHT THORNLEY (STILLBORN)

4. SEX

5a. THIS BIRTH

Male

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF (Month) (Day) (Year)
STILLBIRTH May 29 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

TIMOTHY

KENDELL

THORNLEY

White

9. AGE (At time of this birth)

33

YEARS

10. BIRTHPLACE (State or foreign country)

Layton

Utah

11a. USUAL OCCUPATION

Mechanic

11b. KIND OF BUSINESS OR INDUSTRY

Automobile

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

ROWENE

KAJAWA

White

14. AGE (At time of this birth)

31

YEARS

15. BIRTHPLACE (State or foreign country)

Rockland

Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Kendell Thornley

Father

5

-

18a. LENGTH OF PREG-

NANCY
36 WEEKS

18b. WEIGHT AT BIRTH

- LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

20a. CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

Y36.2

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Mild to moderate anemia spontaneous delivery

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

F. J. Harms

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

M.D.

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

May 31-1951

25c. NAME OF CEMETERY OR CREMATORI

Aberdeen Cemetery

25d. LOCATION (City, town, or county)

(State)
Aberdeen Idaho

DATE REC'D BY LOCAL REG.

REG. May 29-1951 Irene Salter

26. FUNERAL DIRECTOR

ADDRESS

American Falls

JUN 11 1951

PHS-797 (VS)

RECEIVED

APR 30 1951

(1949 Revision of Standard Certificate)

4-48
FEDERAL SECURITY ADMINISTRATION
DIVISION OF VITA CERTIFICATE OF STILLBIRTH
PUBLIC HEALTH SERVICE

STILLBIRTH

State of Idaho

State File No. 103
Local Reg. No. 30
Reg. Dist. No. 142

1. PLACE OF STILLBIRTH

a. COUNTY

Idaho

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Kellogg

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Wardrobe

3. CHILD'S NAME

(Type or Print)

Gary Adell Shrate

4. SEX

5a. THIS BIRTH

Male

SINGLE TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF (Month) (Day) (Year)

March 27 - 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

white

9. AGE (At time of this birth)

29

YEARS

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

11b. KIND OF BUSINESS OR INDUSTRY

mining

14. AGE (At time of this birth)

33

YEARS

17. INFORMANT

Selby

10a. USUAL OCCUPATION

Shrate

mining

13. COLOR OR RACE

white

mining

McNutt

18a. LENGTH OF PREG-
NANCY
WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19 Was a standard serological test for syphilis performed? Yes _____ No _____

Approximate date

y 38.6

CAUSE OF STILLBIRTH

State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

nontrinit

20b. MATERNAL CAUSES

none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

non forceps

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

Robert E. Staley M.D.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

4-5-51

23c. ATTENDANT'S ADDRESS

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

3/28/51

25c. NAME OF CEMETERY OR CREMATORIAL

Forest View Cemetery

25d. LOCATION (City, town, or county)

(State)

Sandpoint, Idaho

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

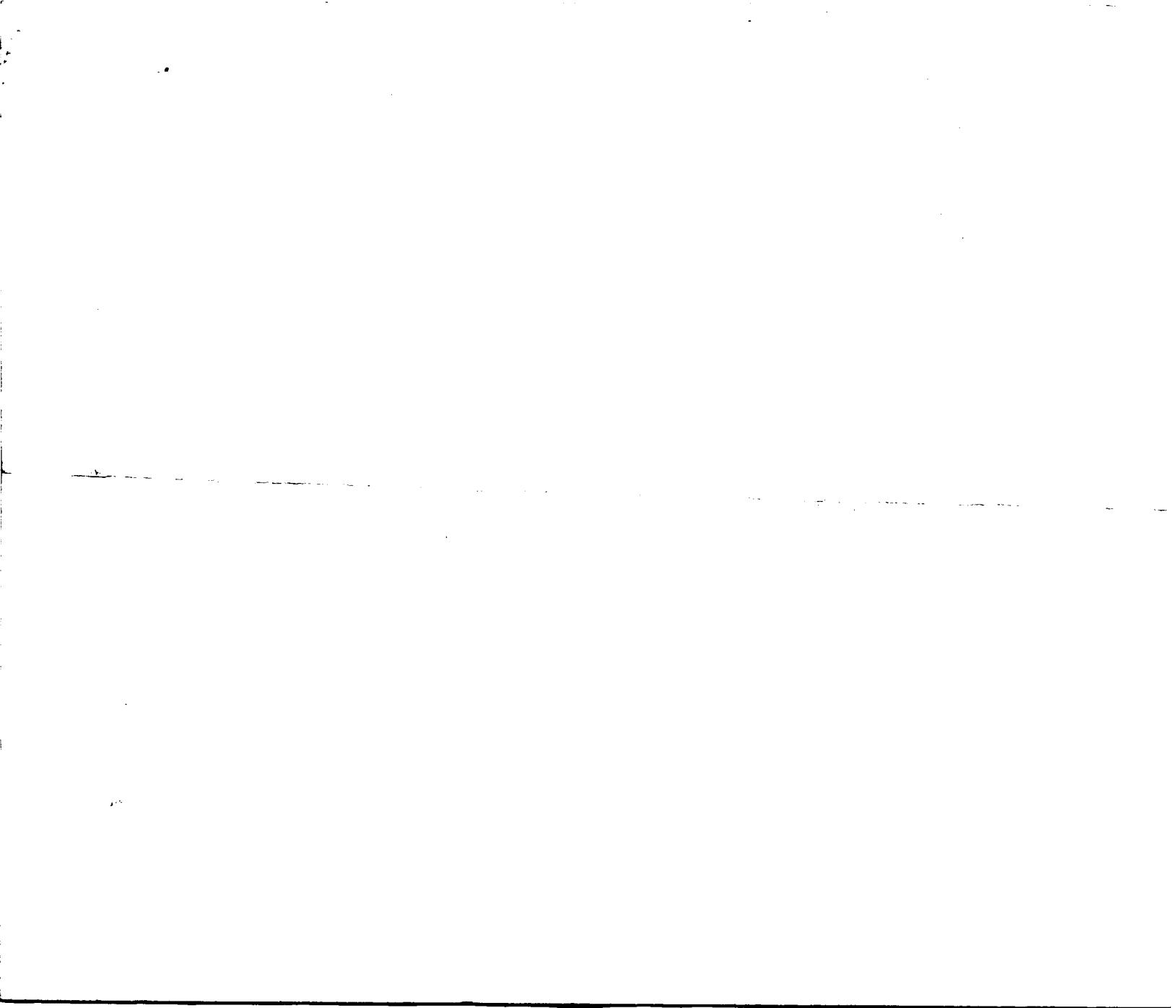
Robert E. Staley

26. FUNERAL DIRECTOR

Frank McLe

ADDRESS

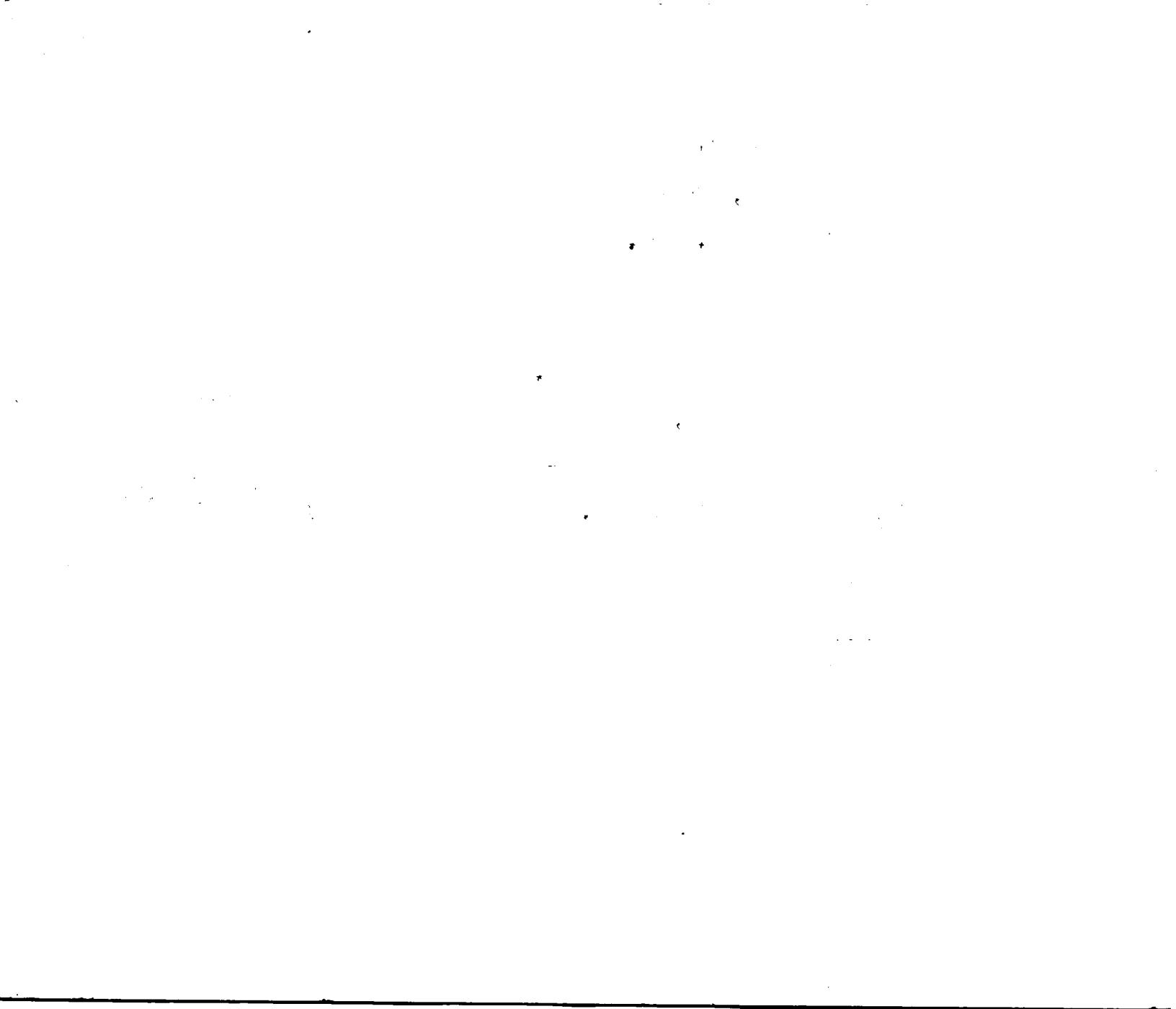
102 Main St



(44 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 4
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls, Idaho		b. COUNTY Blaine	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Twin Falls Co. Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hailey	
d. STREET ADDRESS (If rural, give location)			
3. CHILD'S NAME (Type or Print) Baby Girl Neyman			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4 26 51
7. FATHER'S NAME James	a. (First) H.	b. (Middle) Neyman	c. (Last) White
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Albion, Idaho	11a. USUAL OCCUPATION Garage Man	11b. KIND OF BUSINESS OR INDUSTRY Garage Owner
12. MOTHER'S MAIDEN NAME Elizabeth	a. (First) ---	b. (Middle) Hendry	c. (Last) White
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Wellsville, Utah.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
18a. LENGTH OF PREG- NANCY WEEKS 6	18b. WEIGHT AT BIRTH LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... y 39.2	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		<i>Erythroblastosis fetalis</i>	
20b. MATERNAL CAUSES <i>Dk neg mother</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:17 m.		23a. ATTENDANT'S SIGNATURE <i>Valda B Freudenthal</i> (Specify if M. D., midwife, or other)	
23c. ATTENDANT'S ADDRESS Twin Falls, Idaho		23b. DATE SIGNED 5-20-51	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) removal		25b. DATE April 29, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Hailey Cemetery
DATE REC'D BY LOCAL REG. June 6, 1951		REGISTRAR'S SIGNATURE Jane Anderson	25d. LOCATION (City, town, or county) (State) Hailey Idaho
		26. FUNERAL DIRECTOR Hugh W. Phillips	ADDRESS White Mortuary Twin Falls, Idaho



RECEIVED

JUN 5 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 5

Local Reg. No. 87

Reg. Dist. No. 320

1. PLACE OF STILLBIRTH OR VITALa. COUNTY **DIVISION OF VITAL**
STATISTICSb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Weiser**c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **Weiser Memorial Hosp.****3. CHILD'S NAME**

(Type or Print)

INFANT BOY WILSON

4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH May 23 1951
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7. FATHER'S NAME Frank	a. (First) H.	b. (Middle) Wilson	c. (Last)
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White

9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Madera California	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Farm Machinery
---	---	--	--

12. MOTHER'S MAIDEN NAME Martha	a. (First) May	b. (Middle)	c. (Last) Conner
--	-----------------------	-------------	-------------------------

White

14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Lincoln, Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
--	---	---

a. How many children are now living? 8	b. How many children were born alive but are now dead? None	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1
--	---	---

17. INFORMANT Frank N Wilson	18a. LENGTH OF PREG- NANCY 36 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 0 OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 1/1/51.
--	--	--	---

36.0

20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Prolapse of cord.		
--	--------------------------	--	--

20b. MATERNAL CAUSES	Unascertained.		
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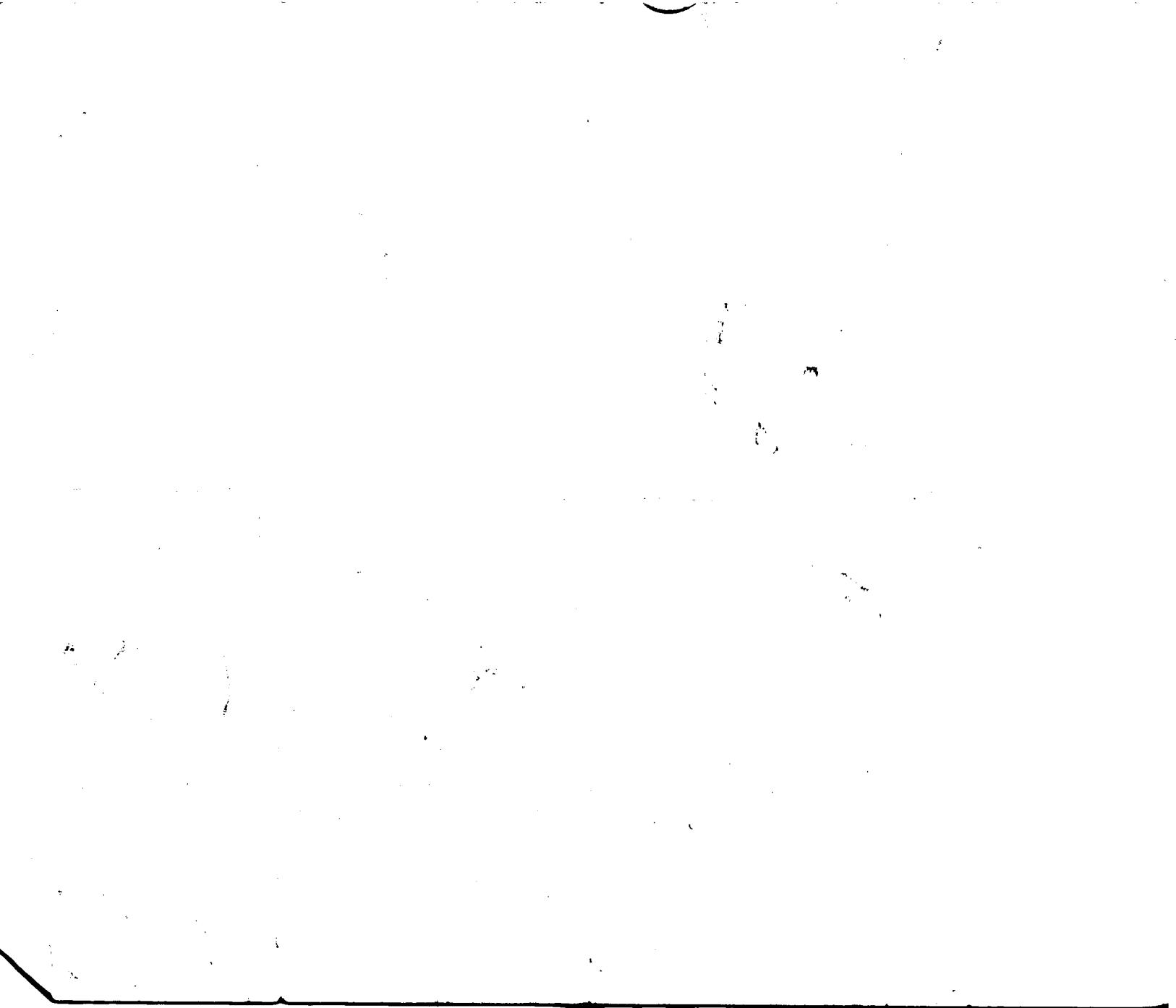
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Breech presentation of 1st twin.	22. STATE ALL OPERATIONS FOR DELIVERY O.
---	--

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:35 P.m.	23a. ATTENDANT'S SIGNATURE <i>[Signature]</i>	(Specify M. D., midwife, or other) ed	23b. DATE SIGNED 5/24/51
---	--	---	------------------------------------

23c. ATTENDANT'S ADDRESS Cambridge, Idaho	I NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i>	TITLE ed
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25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE 5/25/51	25c. NAME OF CEMETERY OR CREMATORIAL Cambridge Cemetery	25d. LOCATION (City, town, or county) (State) Cambridge, Idaho
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. 5/24/51	REG. Merle Anthony	REG. A. S. Jones	REG. Weiser, Idaho.
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RECEIVED
CERTIFICATE OF STILLBIRTH
JUN 23 1951 State of Idaho

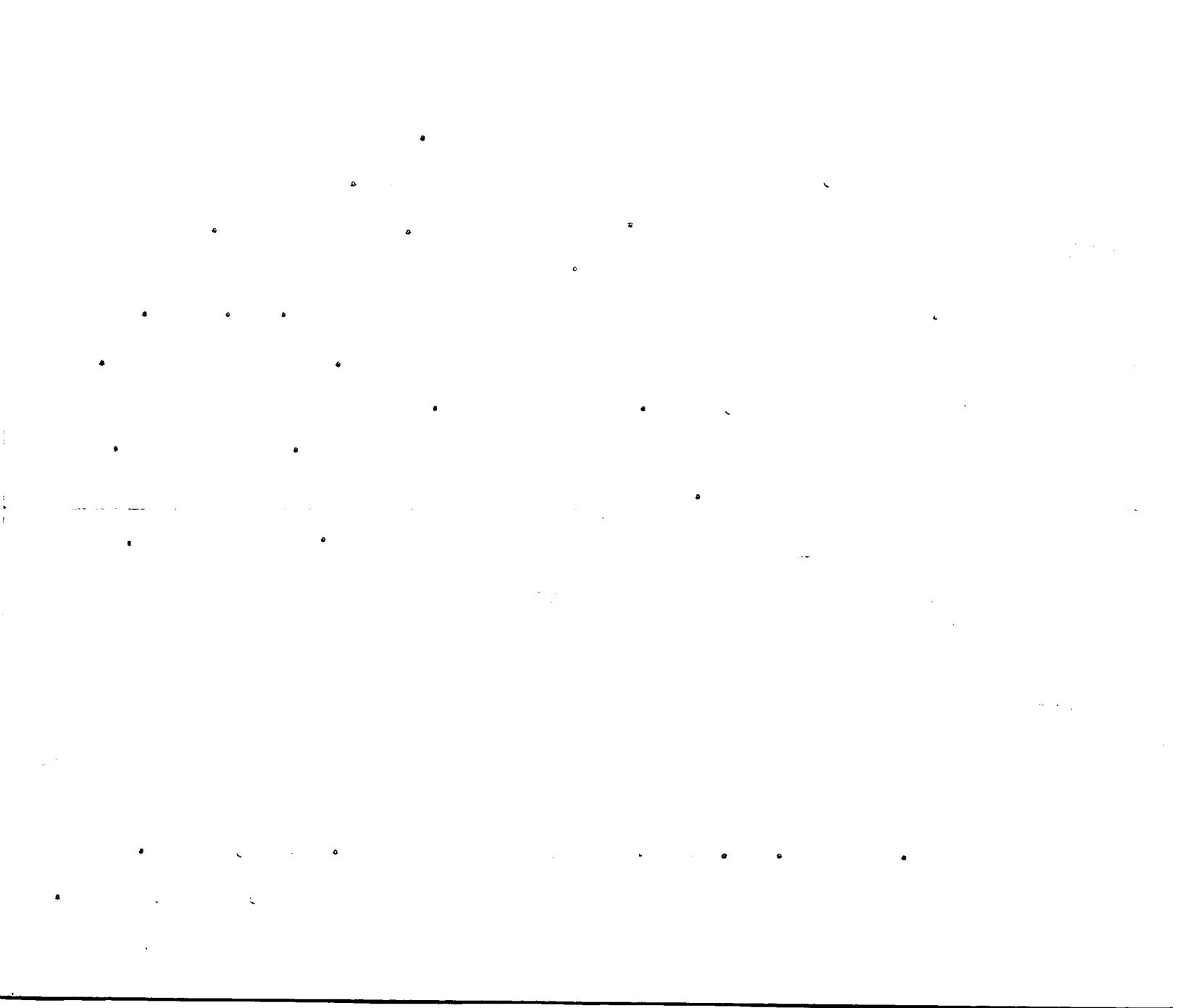
State File No.

086

Local Reg. No. 319

Reg. Dist. No. 370

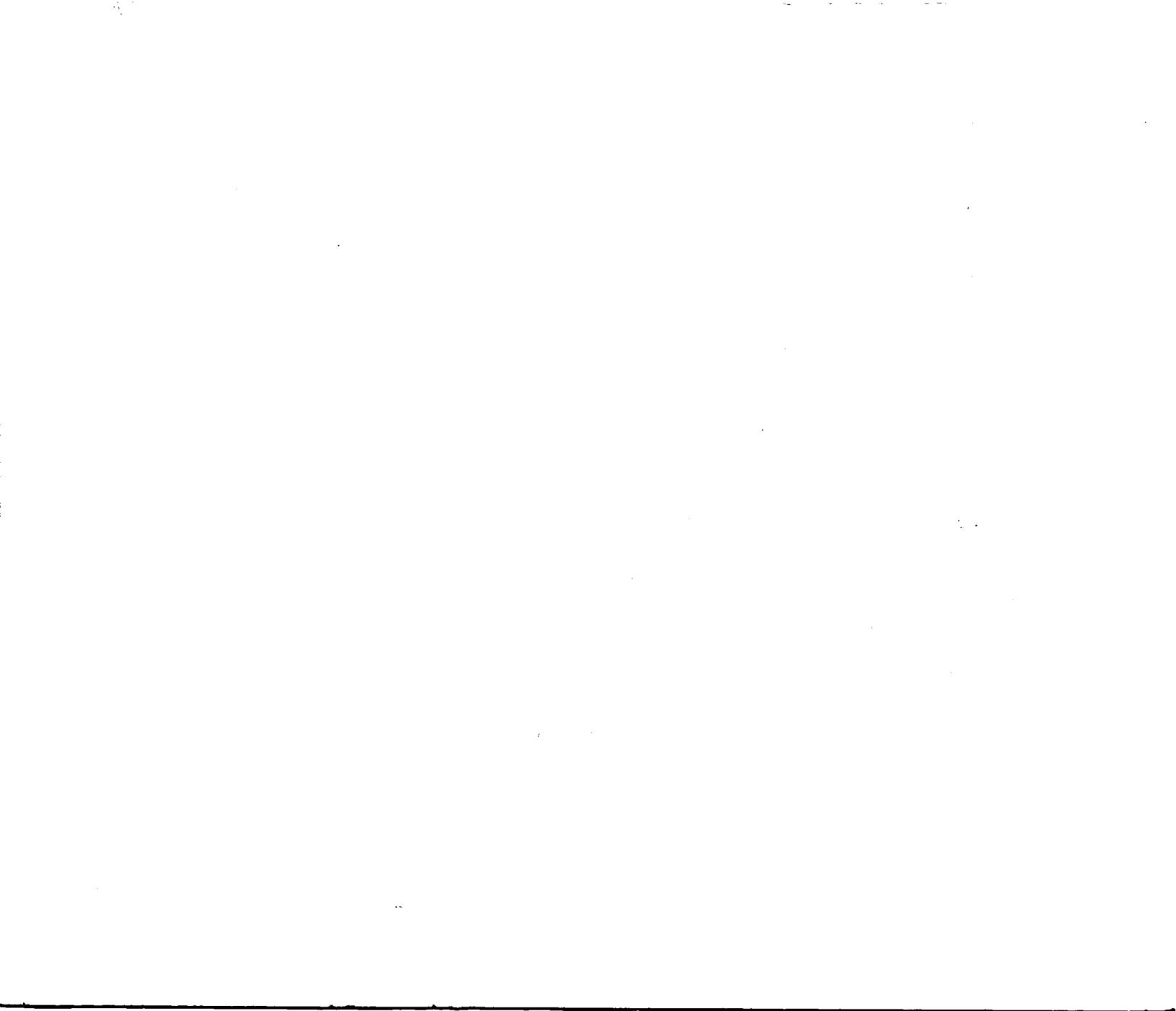
1. PLACE OF STILLBIRTH		DIVISION OF VITAL		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Ada	STATE	Idaho.	a. STATE	b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Boise.	CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Boise.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		St Lukes Hospital.		d. STREET ADDRESS (If rural, give location)	20. South Owyhee.
3. CHILD'S NAME (Type or Print)		BABY WHEELER.			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF (Month) (Day) (Year)		
Male.	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	STILLBIRTH June. 12. 1951.		
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE	
	Joe		Wheeler.	White.	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY		
28 YEARS	Vinton, Iowa.	Laborer.			
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE	
	Irva	Marie	Bentley.	White.	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
21 YEARS	Wyoming.	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT	None.				None.
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No.....	Approximate date Dec 1950		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Pressure obstruction of cord by fetal head</i> Y36.0			
		20b. MATERNAL CAUSES <i>None</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Episiotomy & Repairs</i>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Carl D. Hussey MD</i>		(Specify if M. D., midwife, or other)	
		23c. ATTENDANT'S ADDRESS <i>Mendian, Ida</i>		23b. DATE SIGNED <i>6-14-51</i>	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial.		25b. DATE June. 12. 1951.	25c. NAME OF CEMETERY OR CREMATORIAL Morris Hill Cemetery.	25d. LOCATION (City, town, or county) (State) Boise, Idaho.	
DATE REC'D BY LOCAL REG. 6-25-51		REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR ADDRESS Summer's Funeral Home, Boise, Idaho.		



RECEIVED 49 Revision of Standard Certificate
CERTIFICATE OF STILLBIRTH
 JUL 7 1951
 STATE OF VITAL State of Idaho

State File No. 087
 Local Reg. No. 236
 Reg. Dist. No. 370

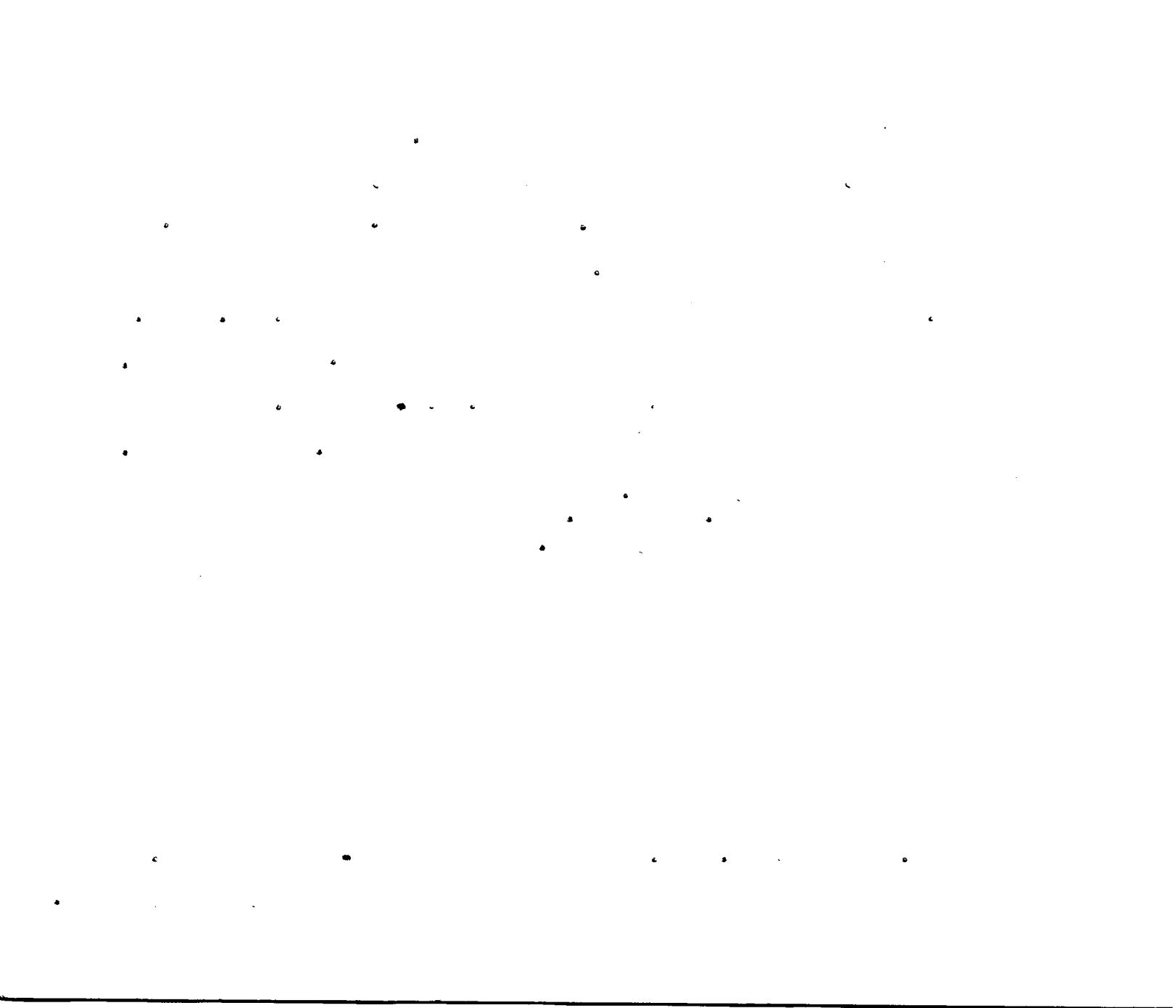
1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> <u>STATISTICS</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2011 No. 16th St.</u>	
3. CHILD'S NAME (Type or Print) <u>John Paul Mitchell</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>JUNE 26TH 1951</u>
7. FATHER'S NAME <u>Frank</u>	a. (First) <u>Catherine</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Mitchell</u>	8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Buhl Idaho</u>	11a. USUAL OCCUPATION <u>Lineman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co</u>
12. MOTHER'S MAIDEN NAME <u>NANCY</u>	a. (First) <u>Catherine</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Day</u>	13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Buhl Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Mrs John P. Day</u>	18a. LENGTH OF PREGNANCY <u>38</u> WEEKS 18b. WEIGHT AT BIRTH <u>7 LBS 6 OZS</u> 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>April, '51</u>		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Premature separation of placenta</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature separation of placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>Harvey A. Smith M.D.</u>	Specify if M.D., midwife, or other
		23b. DATE SIGNED <u>26 June, '51</u>	TITLE
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>6/27/1951</u>	25c. NAME OF CEMETERY OR CREMATORIAL <u>Twin Falls</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-2-51</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Schreiber-McCann-Gibson. Boise</u>	



RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **088**
 Local Reg. No. **370**
 Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH		(1949 Revision of Standard Certificate)			
a. COUNTY: Ada		b. CITY (If outside corporate limits, write RURAL and give township) TOWN Boise,		c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Alphonsus Hospital.	
d. DIVISION OF VITAL STATISTICS					
3. CHILD'S NAME (Type or Print)		PAUL ANDY KNAPEK.			
4. SEX Male.	5a. THIS BIRTH SINGLE X	5b. IF TWIN OR TRIPLET (This child born) TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	IST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH June 26, 1951.	(Month) (Day) (Year)
7. FATHER'S NAME Anthony	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE White.	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Little Neck. Long Island. N.Y. Laborer.		11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME Hazel	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE White.	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Salem, Oregon.		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
17. INFORMANT Anthony Knapek	18. LENGTH OF PREGNANCY WEEKS		a. How many children are now living? 4	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0
	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None Determined		Y36.2		
	20b. MATERNAL CAUSES Retroplacental Hemorrhage Possible Decalvation				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY		Retinacular Separation		
23a. ATTENDANT'S SIGNATURE <i>John Knapek</i>		(Specify if M. D., midwife, or other)		23b. DATE SIGNED 6-27-51	
23c. ATTENDANT'S ADDRESS Boise Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	25b. DATE June 27, 1951.	25c. NAME OF CEMETERY OR CREMATORIAL Morris Hill Cemetery, Boise, Idaho.	25d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 72-51	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR ADDRESS Elaine & Summers	Summers Funeral Home, Boise, Idaho.		



RECEIVED

(1949 Revision of Standard Certificate)

20 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No.

089

Local Reg. No.

Reg. Dist. No. 202

1. PLACE OF STILLBIRTH

a. COUNTY

Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Montpelier Idaho

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bear Lake Memorial Hospital

3. CHILD'S NAME

(Type or Print)

Baby Michelson

4. SEX

5a. THIS BIRTH

Male

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD 6. DATE OF
STILLBIRTH

(Month) (Day) (Year)

June 24 1951

7. FATHER'S
NAME

a. (First) b. (Middle)

Lloyd C.

Michelson

c. (Last)

white

9. AGE (At time of this birth)

24

YEARS

10. BIRTHPLACE (State or foreign country)

Clarkfoot Idaho

11a. USUAL OCCUPATION

Manager gas station grocery

11b. KIND OF BUSINESS OR INDUSTRY

Dance

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

Nadine

c. (Last)

white

14. AGE (At time of this birth)

23

YEARS

15. BIRTHPLACE (State or foreign country)

Pittsburgh Pennsylvania

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Lloyd E. Michelson

1

None

18a. LENGTH OF PREG-

WANCY

38 WEEKS

18b. WEIGHT AT BIRTH

6 LBS. 5 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date Jan 1957

Y38.1

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Hydrocephalus

20b. MATERNAL CAUSES

None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I

attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

Russell Tigert Jr. M.D.

23b. DATE SIGNED

6 July 1957

23c. ATTENDANT'S ADDRESS

If NOT
attended by
physician

Montpelier, Idaho

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-

TION, REMOVAL (Specify)

25b. DATE

Jan 26 1951

25c. NAME OF CEMETERY OR CREMATORIUM

Montpelier Cemetery

25d. LOCATION (City, town, or county)

(State)

Montpelier, Idaho

DATE REC'D BY LOCAL

REG. REC.

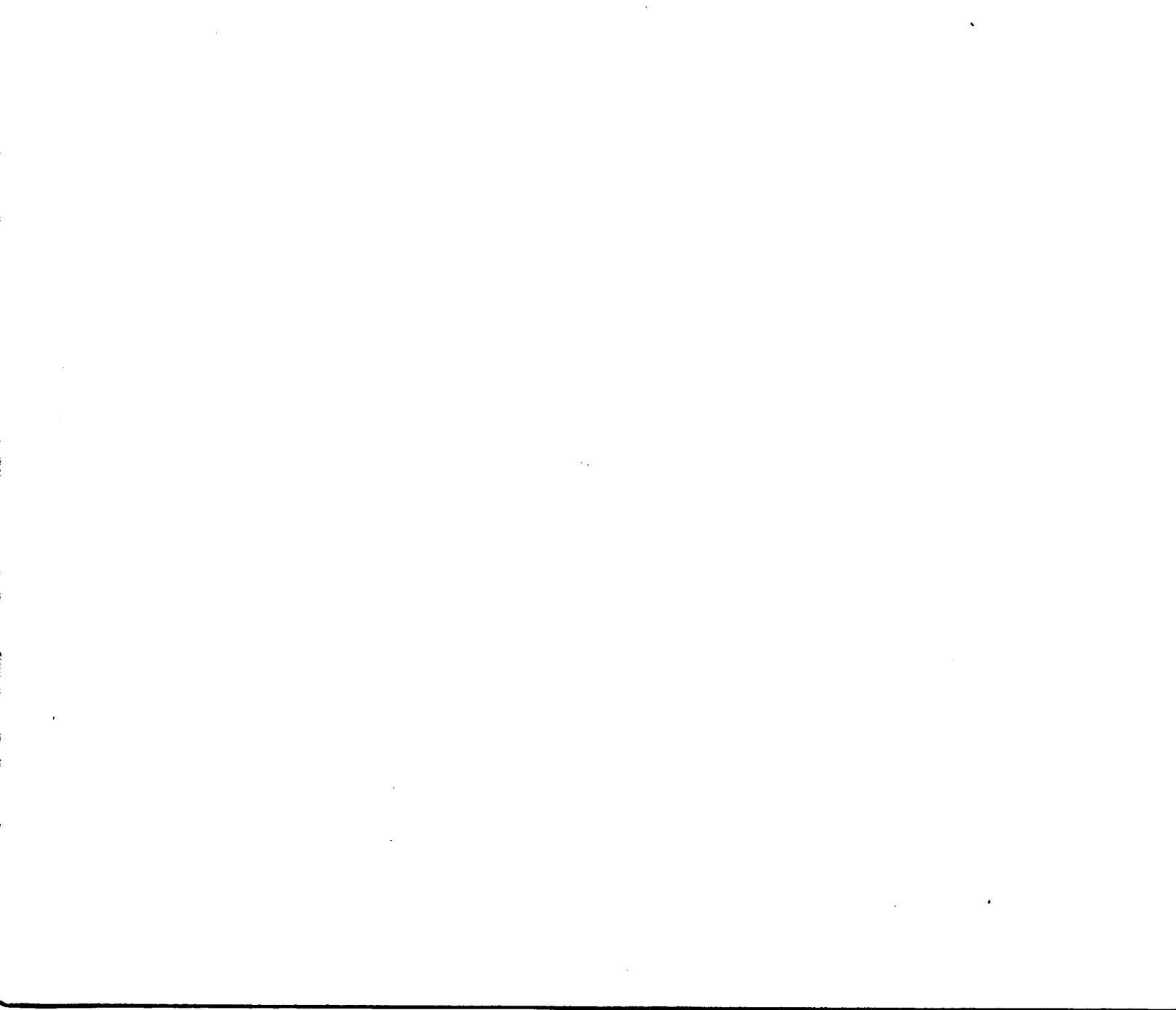
REGISTRAR'S SIGNATURE

C. H. Miller

26. FUNERAL DIRECTOR

Title Mortician

ADDRESS



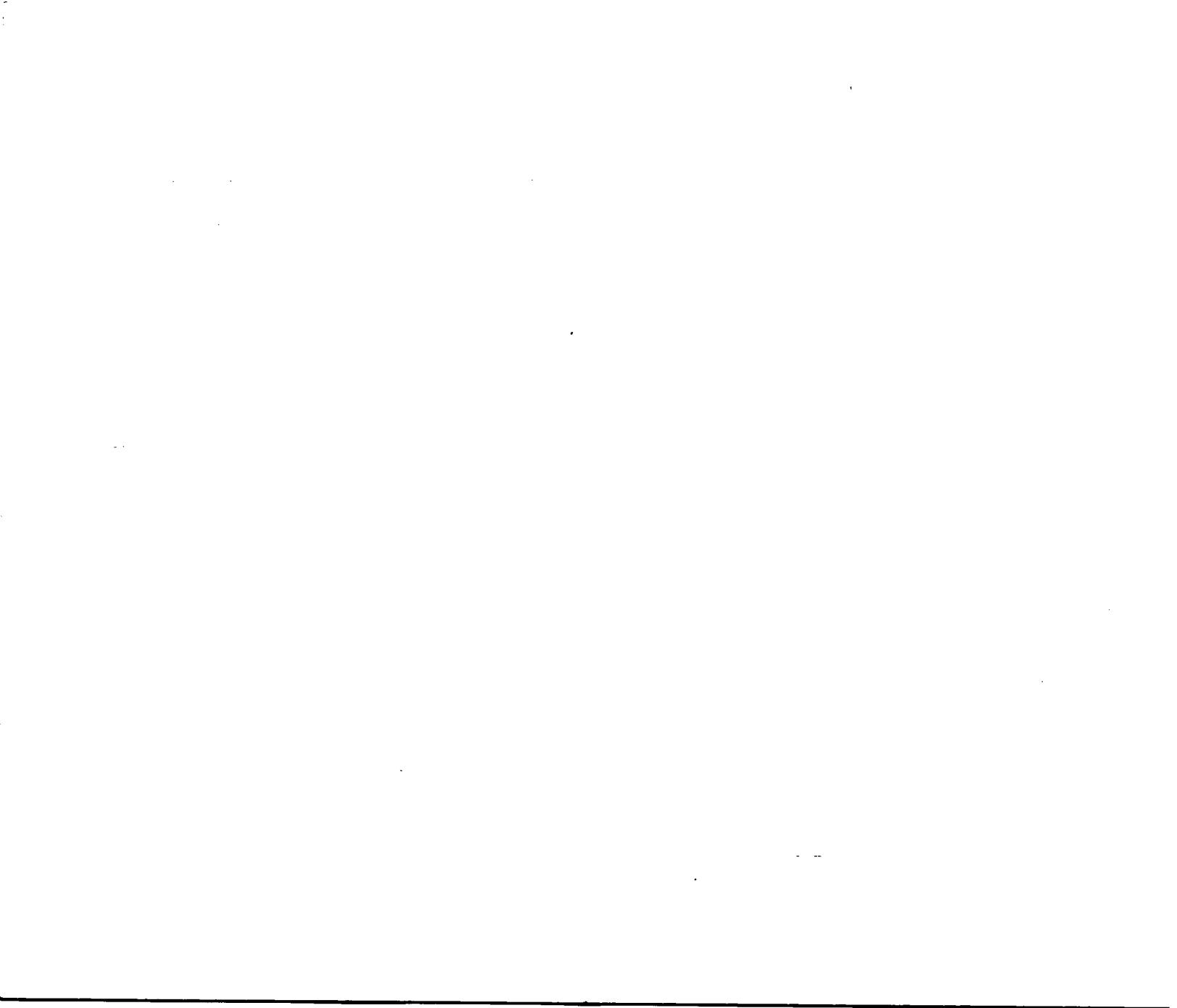
CERTIFICATE OF STILLBIRTH

State of Idaho

JUN 11 1951

State File No. 090
Local Reg. No. 86
Reg. Dist. No. 6ad

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. COUNTY	Bingham	a. STATE	Idaho	b. COUNTY	Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Finchum Blackfoot Lansing St.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Center Blackfoot Lansing St.	Rt. #3	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Bingham Memorial Hospital	d. STREET ADDRESS	Center & Lansing St. Route #3		
3. CHILD'S NAME (Type or Print)		Infant Thornock			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH	(Month) (Day) (Year)	
male	SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input checked="" type="checkbox"/>	1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	June 3, 1951		
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE	
	William		Thornock	white	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY		
24 YEARS	Bloomington, Idaho	Metal worker	Body works		
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE	
	Elaine		Hancock	white	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
22 YEARS	Downey, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT	Louise D. Hancock	2	none	none	
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Approximate date		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Not known (?triplet pregnancy) Y39.6				
	20b. MATERNAL CAUSES none				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE <i>J. Merrill Barber</i> (Specify if M. D., midwife, or other) M.D.		23b. DATE SIGNED 6-5-51	
		23c. ATTENDANT'S ADDRESS	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE 6-5-51	25c. NAME OF CEMETERY OR CREMATORIAL Grove City Cemetery	25d. LOCATION (City, town, or county) Blackfoot, Idaho	(State)	
DATE REC'D BY LOCAL REG.	REG.	REG.	26. FUNERAL DIRECTOR <i>Howard Lockett</i>	ADDRESS Blackfoot, Idaho	
June 1 1951					



RECEIVED

(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.

091

Local Reg. No.

156

Reg. Dist. No.

610

1. PLACE OF STILLBIRTH

a. COUNTY Bonneville

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Idaho Fallsc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION d.d.s. Hospital

3. CHILD'S NAME

(Type or Print)

Baby Hansen

4. SEX

female

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF STILLBIRTH

June 7 1951

7. FATHER'S NAME

a. (First)

Louis

b. (Middle)

Calvert

c. (Last)

Hansen

8. COLOR OR RACE

White

9. AGE (At time of this birth)

25

YEARS

10. BIRTHPLACE (State or foreign country)

Shelley, Idaho

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

Farming

12. MOTHER'S MAIDEN NAME

a. (First) Emily

b. (Middle) Bonita

c. (Last) Crooks

13. COLOR OR RACE

White

14. AGE (At time of this birth)

22

YEARS

15. BIRTHPLACE (State or foreign country)

Harlen Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

17. INFORMANT

Mrs. Louis C. Hansen

a. How many children are now living?

2

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

18a. LENGTH OF PREG-

NANCY

38 WEEKS

18b. WEIGHT AT BIRTH

LBS. OZS.

Approximate date

19. Was a standard serological test for syphilis performed? Yes No

x 36.0

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Cord tightly twisted, completely shutting off blood supply.

20b. MATERNAL CAUSES

none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

fetus died in utero 3 weeks before delivery

22. STATE ALL OPERATIONS FOR DELIVERY

labor induced - membranes ruptured

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Specify if M. D., midwife, or other

Walter G. Hoge MD

23b. DATE SIGNED

26 June 51

23c. ATTENDANT'S ADDRESS

Shelley, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremation

25b. DATE

6-7-51

25c. NAME OF CEMETERY OR CREMATORIAL

Williams

25d. LOCATION (City, town, or county) (State)

Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.

26. FUNERAL DIRECTOR

Leo A. Williams

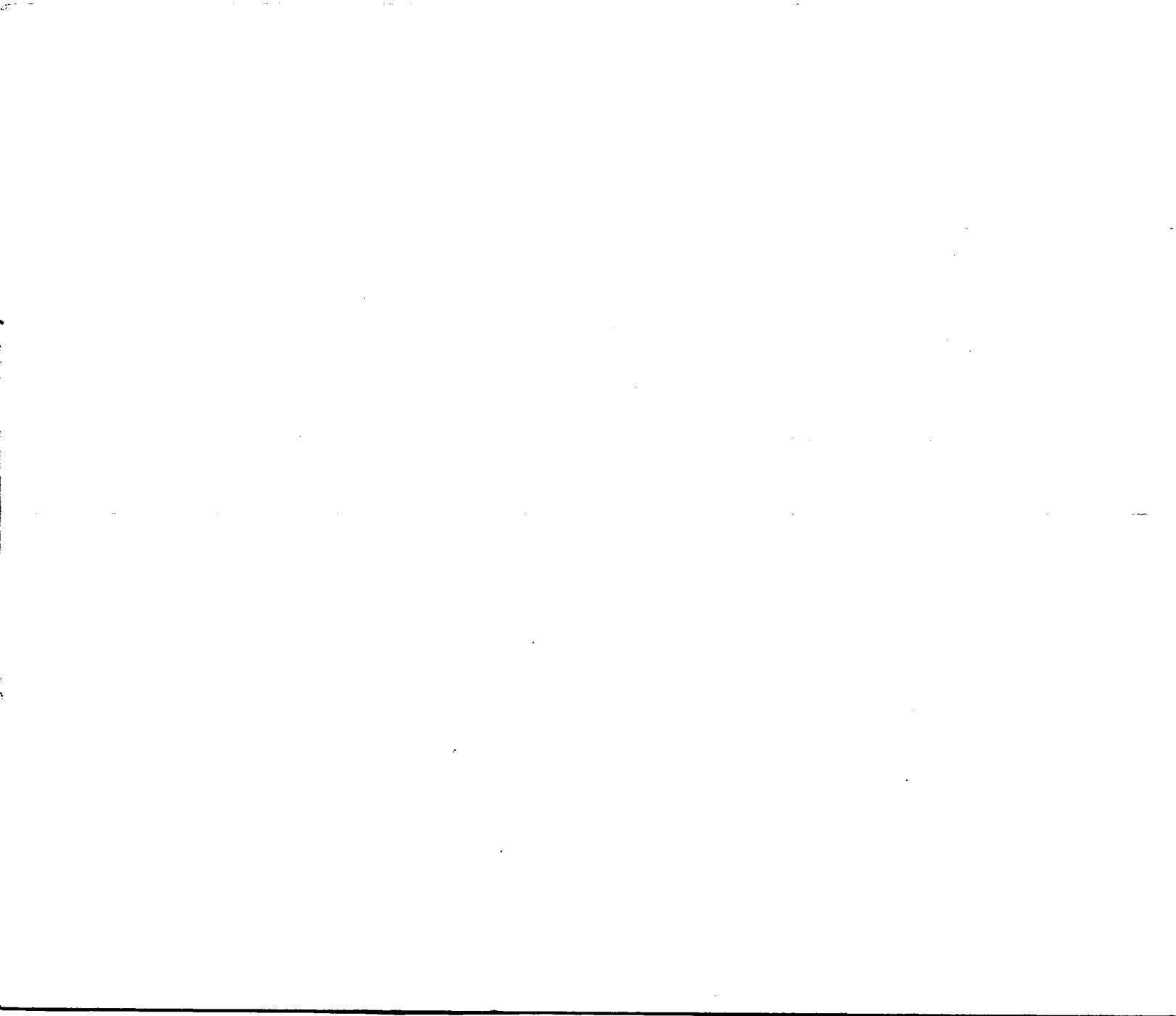
ADDRESS

Idaho Falls

July 6 1951

REGISTRAR'S SIGNATURE

Anna Budger



RECEIVED (1949 Revision of Standard Certificate)

JUL 9 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No. 091

Local Reg. No. 125

Reg. Dist. No. 210

1. PLACE OF STILLBIRTH

a. COUNTY

Bonneville

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Idaho Falls,c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION L.D.S. Hospital

3. CHILD'S NAME

(Type or Print)

BABY LOWE

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	(Month) (Day) (Year)
			June 16, 1951

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	DAN	W.	LOWE	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
44 YEARS	Idaho Falls, Idaho	Laborer	Laborer

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	LOVEDA		BUTT	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
38 YEARS	Idaho Falls, Idaho.	a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
		10 3

17. INFORMANT	x Dan W Lowe	18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
				Prematurity

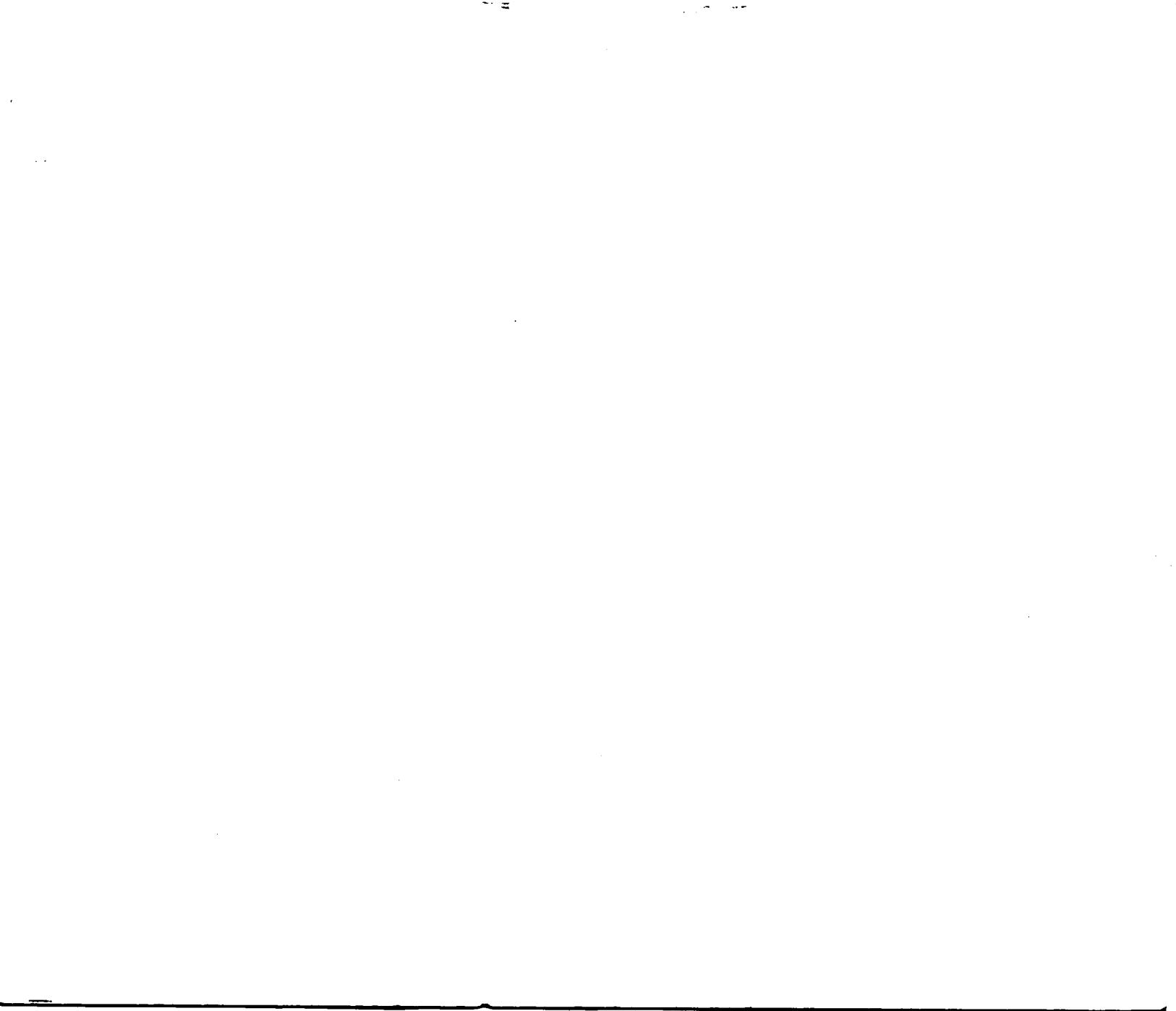
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Prematurity</i>	20b. MATERNAL CAUSES <i>15 in baby unable to carry last 4 to term</i>	21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Premature 7 1/2 mo</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>
--	---	--	---	--

I hereby certify that I attended the birth of this child who was born dead on the date stated above at June 16, 1951.	23a. ATTENDANT'S SIGNATURE <i>Milton T. Rees M.D.</i>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED <i>6-25-51</i>
---	--	---------------------------------------	------------------------------------

23c. ATTENDANT'S ADDRESS <i>Idaho Falls, Idaho</i>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>None</i>	TITLE
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25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>6/18/1951</i>	25c. NAME OF CEMETERY OR CREMATORIUM <i>Grant Central Cemet.</i>	25d. LOCATION (City, town, or county) (State) <i>Grant Jefferson, Idaho.</i>
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DATE REC'D BY LOCAL REG. <i>June 29, 1951</i>	REGISTRAR'S SIGNATURE <i>Anna Sieges</i>	26. FUNERAL DIRECTOR <i>Bruce A Ecknell</i>	ADDRESS <i>Ribby, Idaho.</i>
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED

JUN 23 1951
DIVISION OF VITAL
STATISTICS

State File No.

Local Reg. No.

Reg. Dist. No.

093

1. PLACE OF STILLBIRTH

a. COUNTY Gooding

b. CITY (If outside corporate limits, write RURAL and give township or town) Wendell

c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Valentine's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho

b. COUNTY Gooding

c. CITY (If outside corporate limits, write RURAL and give township or town) Wendell

d. STREET ADDRESS (If rural, give location) Box 263 X

3. CHILD'S NAME

(Type or Print)

Baby Jo

Carpenter

4. SEX

5a. THIS BIRTH

TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF STILLBIRTH

(Month) (Day) (Year)

May 23 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

Russell Richard Carpenter

7. COLOR OR RACE

white

9. AGE (At time of this birth)

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

24

YEARS

Idaho

Salesman

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

Erma

Lois

Jones

13. COLOR OR RACE

white

14. AGE (At time of this birth)

15. BIRTHPLACE (State or foreign country)

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

23

YEARS

Idaho

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Mrs. Russell Carpenter

2

0

0

0

18a. LENGTH OF PREGNANCY

18b. WEIGHT AT BIRTH

19. Was a standard serological test for syphilis performed? Yes No

28 WEEKS

LBS.

OZS.

Approximate date April, 1951

y 36.0

20a. CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. FETAL CAUSES

cord wrapped 3 tight turns about head
unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

none

none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:20 a.m.

23a. ATTENDANT'S SIGNATURE

Maurice C Schell M.D.

(Specify M.D., midwife, or other)

23b. DATE SIGNED

5-30-51

23c. ATTENDANT'S ADDRESS

Hendell Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

May 23, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Wendell

25d. LOCATION (City, town, or county) (State)

Wendell, Ida, Ida

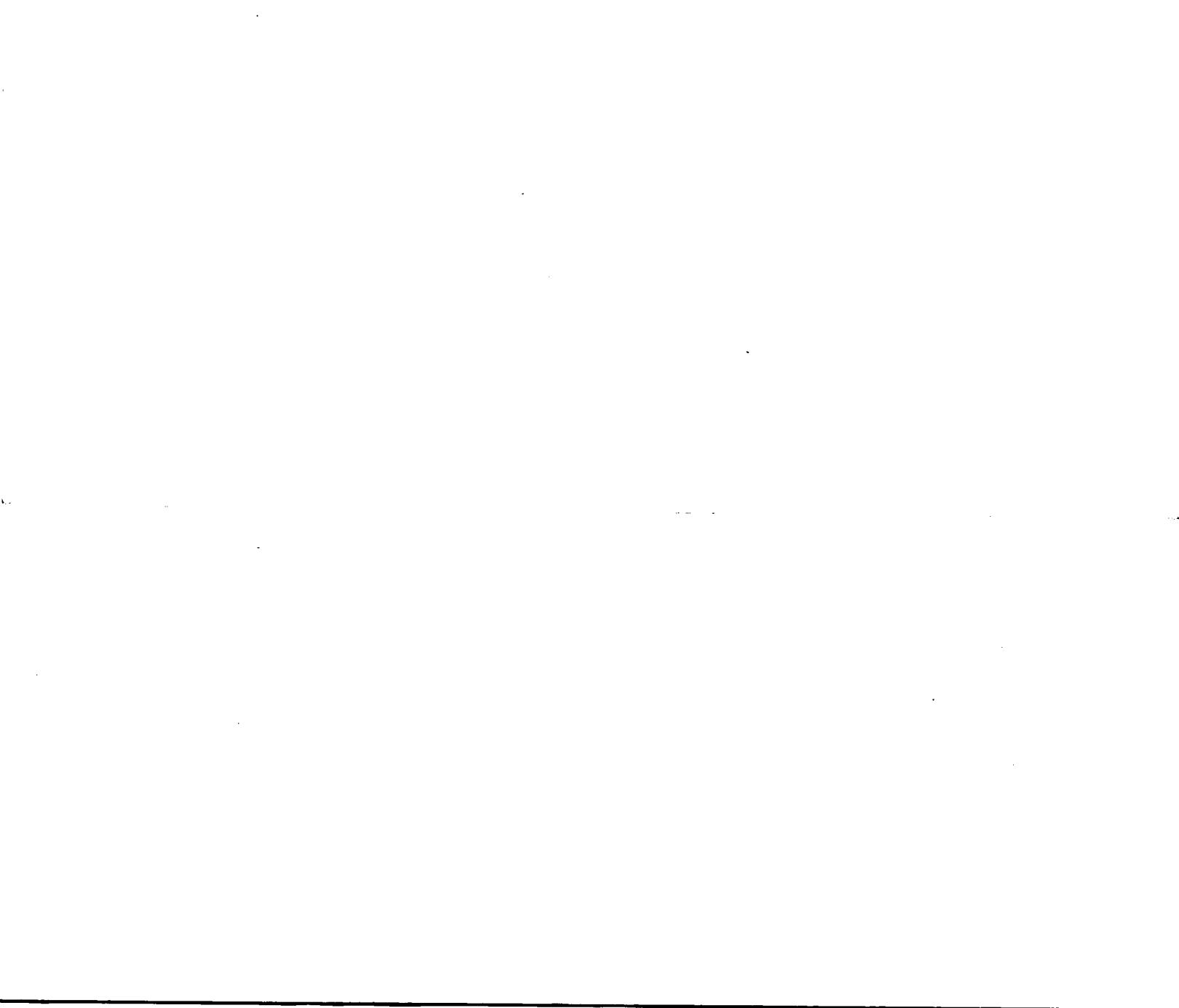
DATE REC'D BY LOCAL REG.

REGISTRY'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

June 22, 1951 Sister M. Rose, O.S.B. Mertle Jenne. Wendell, Ida.



RECEIVED

MAY 19 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS

State of Idaho

State File No. 094
Local Reg. No. 8
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH

a. COUNTY

Kootenai

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Coeur d' Alene

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lake City General

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Kootenai

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Post Falls

d. STREET
ADDRESS

(If rural, give location)

Route 1

3. CHILD'S NAME

(Type or Print)

Elizabeth

Streeter

4. SEX

5a. THIS BIRTH

Female

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

May

26

1951

7. FATHER'S
NAME

a. (First)

Robert

b. (Middle)

Dean

c. (Last)

Streeter

8. COLOR OR RACE

White

9. AGE (At time of this birth)

24
YEARS

10. BIRTHPLACE (State or foreign country)

Tilamook, Oregon

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

Virginia

b. (Middle)

Allen

c. (Last)

Shelton

13. COLOR OR RACE

White

14. AGE (At time of this birth)

22
YEARS

15. BIRTHPLACE (State or foreign country)

Pasadena, Calif.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many chil-
dren are now living?b. How many children were
born alive but are now dead?c. How many OTHER
children were stillborn
(born dead after 20 weeks
pregnancy)?

0

0

0

17. INFORMANT

Mrs. R. D. Streeter

18a. LENGTH OF PREG-
NANCY40
WEEKS

18b. WEIGHT AT BIRTH

6

LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date September

CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Unknown

y39.6

20b. MATERNAL CAUSES

Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at m.

23a. ATTENDANT'S SIGNATURE

William T. Wood, M.D.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

7-13-'51

23c. ATTENDANT'S ADDRESS

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORIAL

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL
REG.

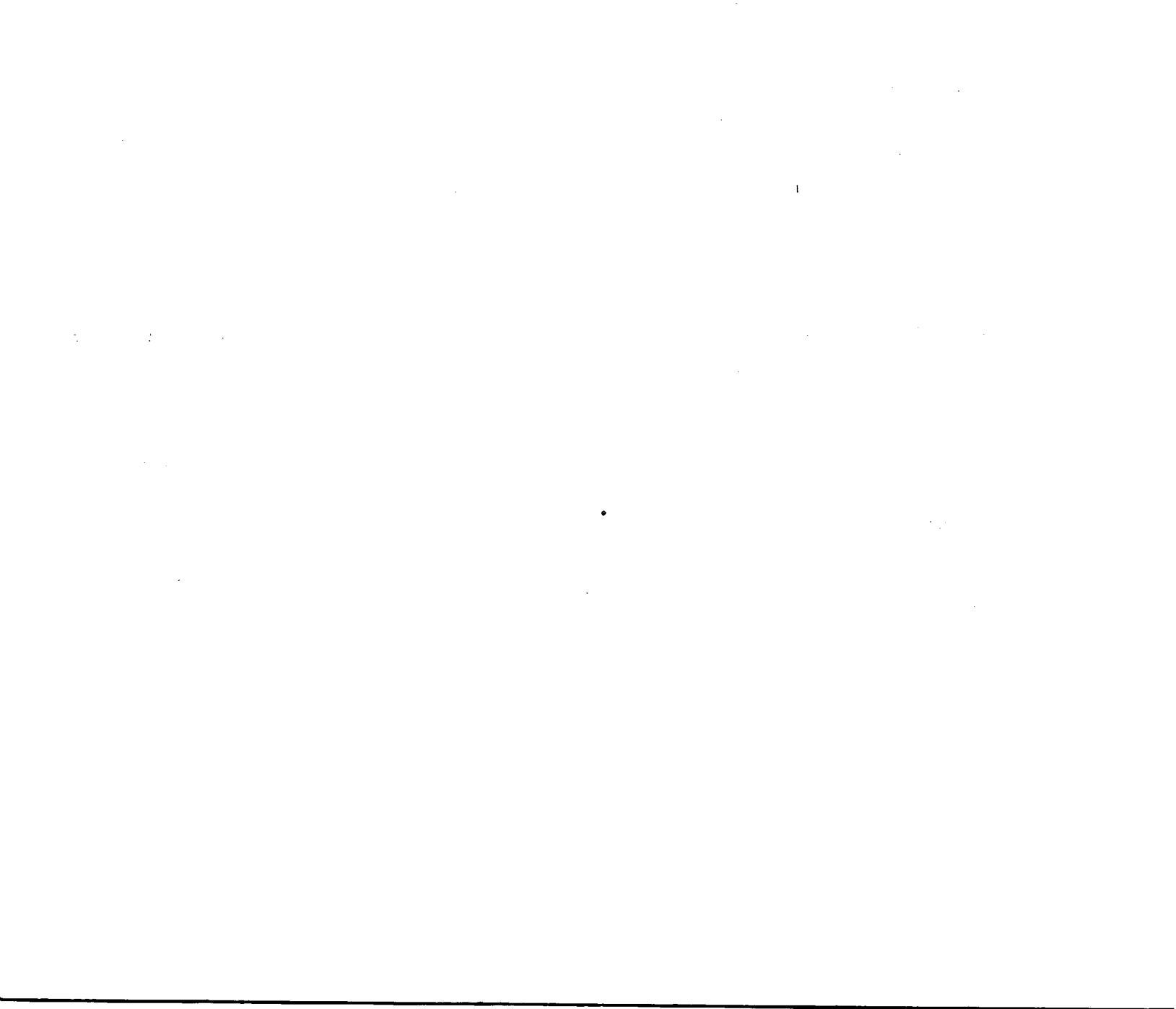
REGISTRAR'S SIGNATURE

7-16-51

Lorraine K. Brush

26. FUNERAL DIRECTOR

ADDRESS



Dr. Green

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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE**CERTIFICATE OF STILLBIRTH**
DIVISION OF VITAL
STATISTICS

State of Idaho

JUL 5 1951 (1949 Revision of Standard Certificate)

State File No.

095

Local Reg. No.

7

Reg. Dist. No.

120

1. PLACE OF STILLBIRTH

a. COUNTY Kootenai

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Coeur d' Alenec. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Lake City General Hospital**2. USUAL RESIDENCE OF MOTHER (Where does mother live)**

a. STATE Idaho

b. COUNTY Kootenai

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Coeur d' Alened. STREET ADDRESS (If rural, give location)
512-So. 14th, St.**3. CHILD'S NAME**(Type or Print) **JAMES ALLEN** Shadholm**4. SEX**

5a. THIS BIRTH

Male

6. DATE OF STILLBIRTH (Month) (Day) (Year)

June 15, 1951

7. FATHER'S NAME

a. (First) Laurel

b. (Middle)

Shadholm

c. (Last)

White

9. AGE (At time of this birth)

42

YEARS

10. BIRTHPLACE (State or foreign country)

Bradner, Ohio

11a. USUAL OCCUPATION

Army

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First) Agnes

b. (Middle)

c. (Last) Ness

13. COLOR OR RACE
White**14. AGE (At time of this birth)**

37

YEARS

15. BIRTHPLACE (State or foreign country)

Post Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? Three b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT

Mr. M. Cartwright

Coeur d' Alene

Idaho

18a. LENGTH OF PREGNANCY

8-Month

18b. WEIGHT AT BIRTH

NANCY WEEKS

5 LBS.

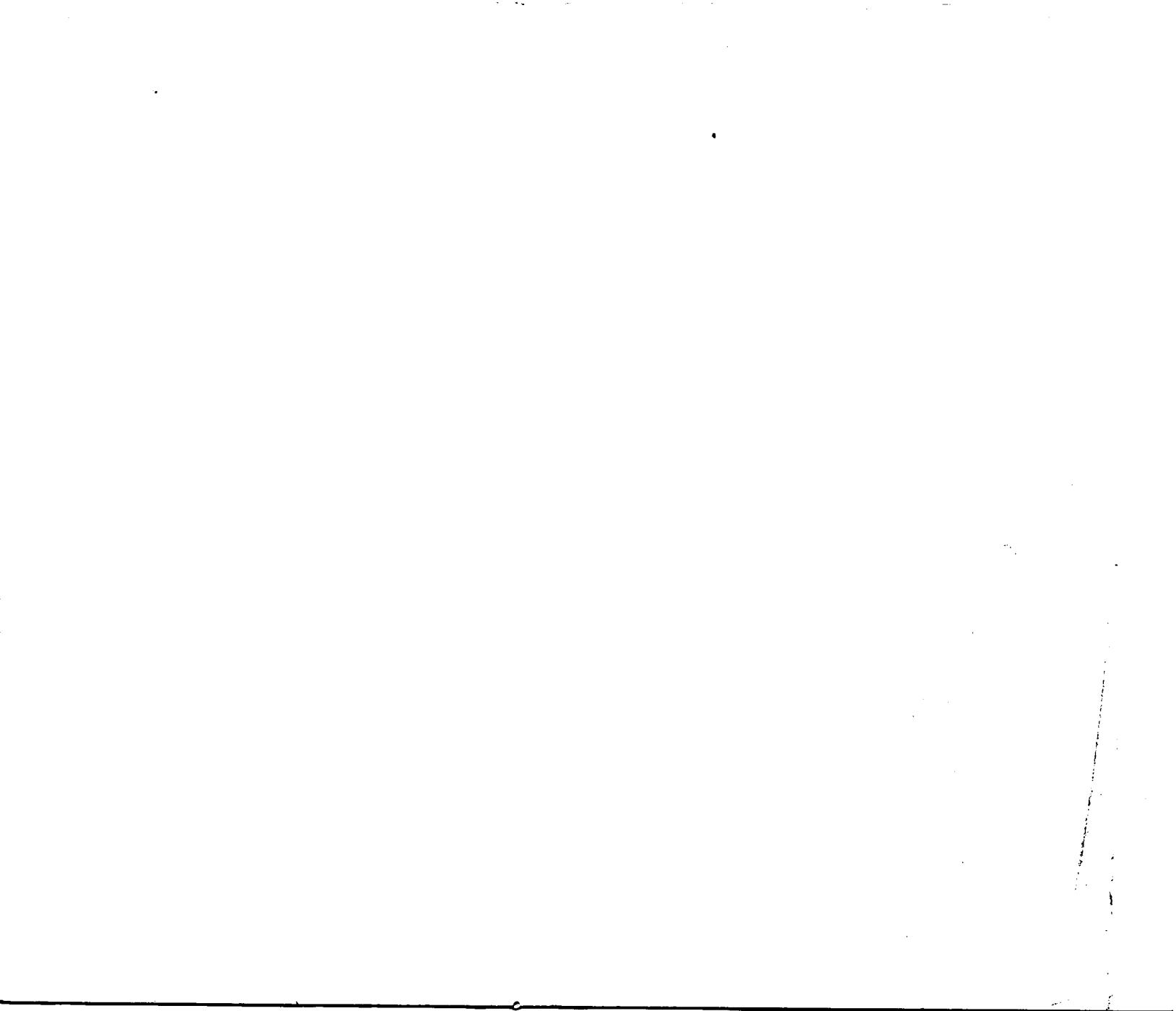
1/2 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

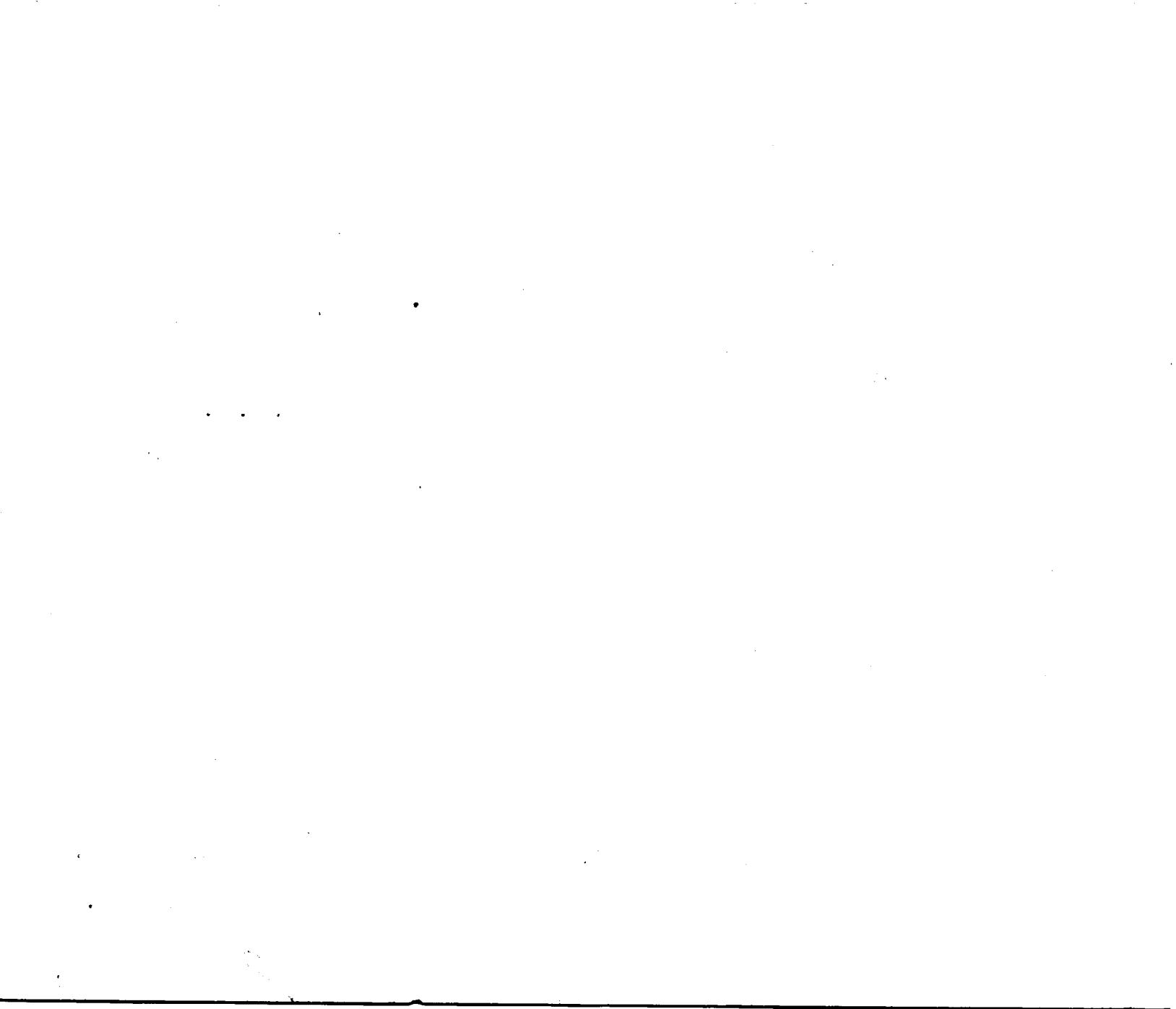


RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

JUL 1 1951

 State File No. _____
 Local Reg. No. 120
 Reg. Dist. No. 22

1. PLACE OF STILLBIRTH		DIVISION OF VITAL STATISTICS				2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Nez Perce				a. STATE	Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Lewiston				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Spalding	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St Joseph's Hospital				d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME (Type or Print) Thomas Hill							
4. SEX male	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) June	(Day) 26	(Year) 1951		
7. FATHER'S NAME	a. (First) Isaac	b. (Middle)	c. (Last) Hill	8. COLOR OR RACE Indian			
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Craigmont	11a. USUAL OCCUPATION Lumber man	11b. KIND OF BUSINESS OR INDUSTRY P. F. I.				
12. MOTHER'S MAIDEN NAME	a. (First) Nora	b. (Middle)	c. (Last) Jackson	13. COLOR OR RACE Indian			
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Lapwai,	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)					
		a. How many children are now living? 3	b. How many children were born alive but are now dead? 2	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? no			
18a. LENGTH OF PREG- NANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. Y38.0	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date December 1950					
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Anencephalia					
		20b. MATERNAL CAUSES					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Name			22. STATE ALL OPERATIONS FOR DELIVERY none				
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:50 p.m.			23a. ATTENDANT'S SIGNATURE John E. Braden, M.D.		(Specify if M. D., midwife, or other)		23b. DATE SIGNED 29 June 1951
			23c. ATTENDANT'S ADDRESS 701-11th St. Lewiston		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician		TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) removal	25b. DATE June 29, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Lapwai, Idaho	25d. LOCATION (City, town, or county) Lapwai, Nez Perce	(State) Idaho.			
DATE REC'D BY LOCAL REG. 6/30/51	REGISTRAR'S SIGNATURE Ruth J. Darwin	26. FUNERAL DIRECTOR Andrew G. Vassan		ADDRESS Lewiston, Idaho.			



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4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

DIVISION OF STATISTICS

RECEIVED

JUN 25 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

097

Local Reg. No.

47

Reg. Dist. No.

142

1. PLACE OF STILLBIRTH

a. COUNTY

Shoshone

b. CITY (If outside corporate limits, write RURAL and give township or town)

Killogg

c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

Wardens

3. CHILD'S NAME

(Type or Print)

Infant Boy Atta

4. SEX

5a. THIS BIRTH

Male

 SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF

STILLBIRTH

(Month) (Day) (Year)

May 30 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

Willie M.

Offie

White

9. AGE (At time of this birth)

40 YEARS

10. BIRTHPLACE (State or foreign country)

Missouri

11a. USUAL OCCUPATION

Smelter worker mine Smith

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

Dorothy L.

McDonald

White

14. AGE (At time of this birth)

25 YEARS

15. BIRTHPLACE (State or foreign country)

Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

3

None

None

Y 36.2

17. INFORMANT

18a. LENGTH OF PREG-
NANCY WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes _____ No _____

Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Stillborn - Cerebral Palsy

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Robert E. Green

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

6-4-51

23c. ATTENDANT'S ADDRESS

Killogg Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

May 31 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Greenwood Cemetery

25d. LOCATION (City, town, or county) (State)

Killogg Idaho

DATE REC'D BY LOCAL REG. OFFICE

REGISTRAR'S SIGNATURE

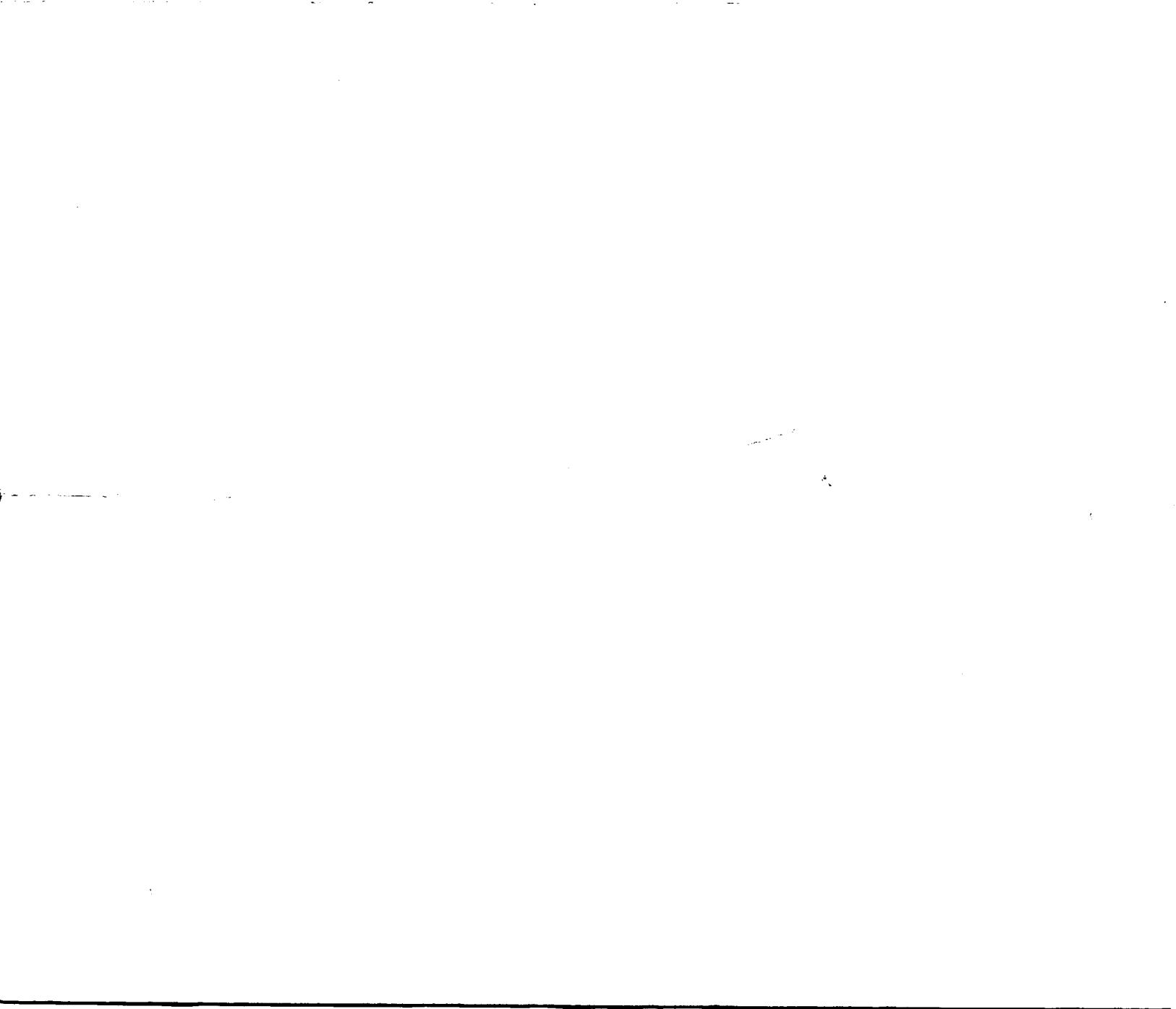
John Brown

26. FUNERAL DIRECTOR

John Brown

ADDRESS

Killogg Idaho



REC'D

JUN 1 9 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 008

Local Reg. No. 142-51

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH

a. COUNTY

Shoshone

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Kellogg

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Weslock

3. CHILD'S NAME

(Type or Print)

Terold D.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Shoshone

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Big Creek district

d. STREET
ADDRESS

Summerset Road

4. SEX

Male

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD 6. DATE OF
STILLBIRTH (Month) (Day) (Year)

June 20, 1951

7. FATHER'S
NAME

a. (First)

Terold

b. (Middle)

M

c. (Last)

Bailey

8. COLOR OR RACE

white

9. AGE (At time of this birth)

37

YEARS

10. BIRTHPLACE (State or foreign country)

South Dakota Minn

11a. USUAL OCCUPATION

Bailey

11b. KIND OF BUSINESS OR INDUSTRY

Breaker Hill Mine

12. MOTHER'S
MAIDEN
NAME

a. (First)

Dorothy

b. (Middle)

c. (Last)

Paulson white

13. COLOR OR RACE

white

14. AGE (At time of this birth)

35

YEARS

15. BIRTHPLACE (State or foreign country)

Minnesota

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

2

None

none

17. INFORMANT

Jesse Bailey

2

None

none

18a. LENGTH OF PREG-
NANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.19 Was a standard serological test for syphilis performed? Yes No

Approximate date

20a. CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. FETAL CAUSES

None

y36.2

20b. MATERNAL CAUSES

Abruption placenta complete.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

See 20 B

22. STATE ALL OPERATIONS FOR DELIVERY

Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Glee M. White

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

22 June 51

TITLE

23c. ATTENDANT'S ADDRESS

If not attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

physician

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE REC'D BY LOCAL REG.

25b. DATE

6/22/51

25c. NAME OF CEMETERY OR CREMATORIAL

Greenwood Cemetery

25d. LOCATION (City, town, or county)

Ketchum Idaho

(State)

26. FUNERAL DIRECTOR

J. J. Davis

ADDRESS

Grand Lodge Kellogg Idaho

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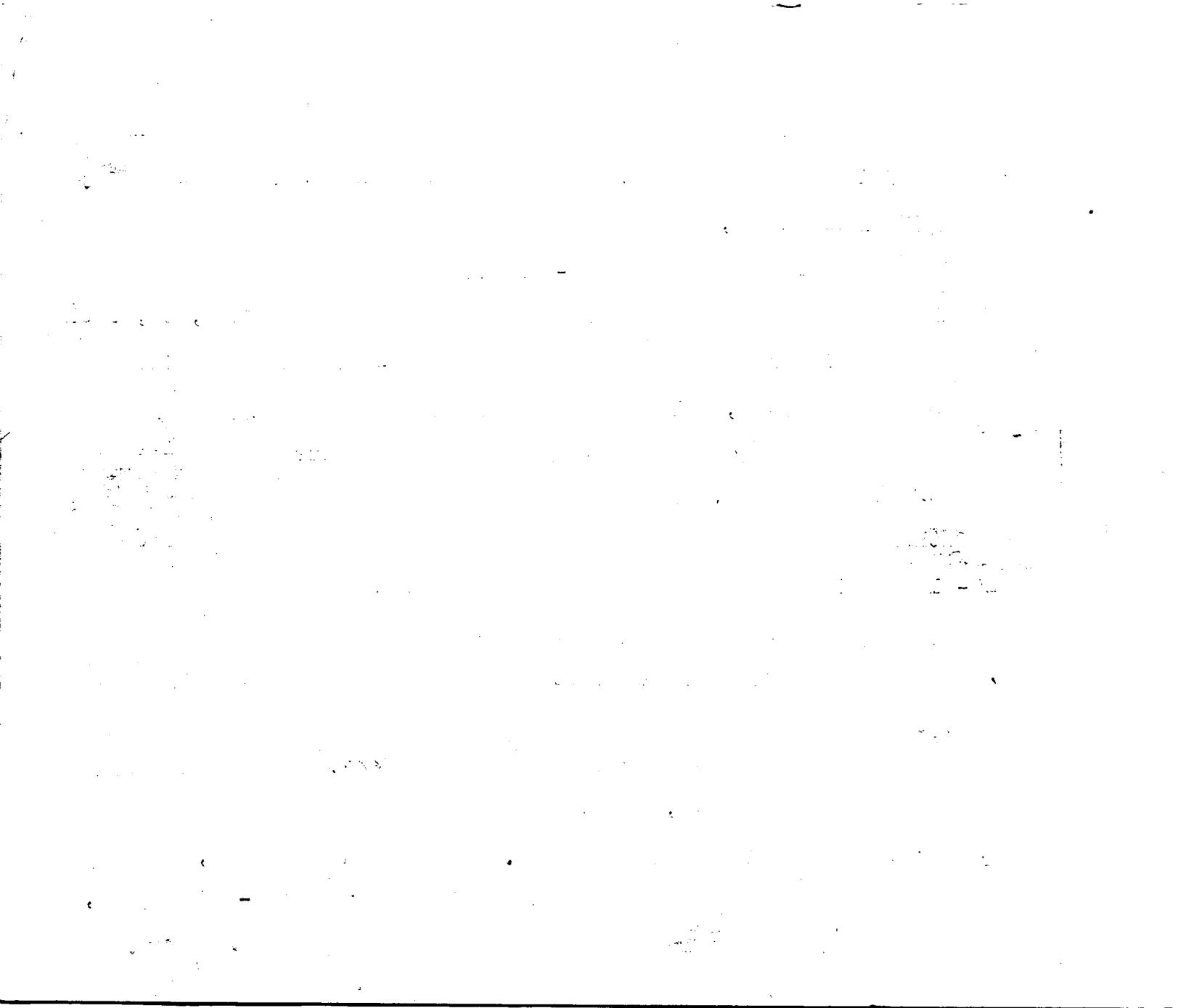
4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

1951 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 DIVISION OF VITAL STATISTICS
 State of Idaho

 State File No. 004
 Local Reg. No. 5
 Reg. Dist. No. 460

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)							
a. COUNTY Twin Falls		a. STATE Idaho b. COUNTY Twin Falls							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls, Route #2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls, Route #2							
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Twin Falls, Route #2		d. STREET ADDRESS (If rural, give location)							
3. CHILD'S NAME (Type or Print) Mary Florence Davis-Marcell									
4. SEX Female	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June, 30, 1951						
7. FATHER'S NAME Victor	a. (First) Cullum	b. (Middle)	c. (Last) Davis-Marcell						
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) York, Nebraska	11a. USUAL OCCUPATION salesman	11b. KIND OF BUSINESS OR INDUSTRY oil						
12. MOTHER'S MAIDEN NAME Edith	a. (First) Geraldine	b. (Middle)	c. (Last) Corlett						
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Butte, Montana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. How many children are now living?</td> <td>b. How many children were born alive but are now dead?</td> <td>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?</td> </tr> <tr> <td>none</td> <td>none</td> <td>none</td> </tr> </table>		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	none	none	none
a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?							
none	none	none							
17. INFORMANT father									
18a. LENGTH OF PREG- NANCY 20-21 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 0 OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March 1951							
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Premature rupture of membranes								
	20b. MATERNAL CAUSES Missed late abortion								
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none	22. STATE ALL OPERATIONS FOR DELIVERY none								
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <i>Plaugler & Charles MD.</i>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED 7/3/51						
	23c. ATTENDANT'S ADDRESS Twin Falls, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE						
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 7/2/51	25c. NAME OF CEMETERY OR CREMATORIAL Twin Falls City Hospital	25d. LOCATION (City, town, or county) (State) Twin Falls, Idaho						
DATE REC'D BY LOCAL REG. July 5, 1951	REG. July 5, 1951	REGISTRAR'S SIGNATURE <i>Jane Anderson</i>	FUNERAL DIRECTOR ADDRESS <i>Reynolds Funeral Home-Twin Falls, Id</i>						



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4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEDIVISION OF VITAL
STATISTICS

AUG 7 1951 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 276Reg. Dist. No. 370

1. PLACE OF STILLBIRTH

a. COUNTY

Ada

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Boise

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Alphonsus Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Ada

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Boise

d. STREET
ADDRESS

(If rural, give location)

Route #1

3. CHILD'S NAME

(Type or Print)

Baby Roberts

4. SEX

5a. THIS BIRTH

Male

SINGLE TWIN TRIPLET 1ST 2ND 3RD 6. DATE OF
STILLBIRTH

(Month) (Day) (Year)

July 27 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

Jefferson

c. (Last)

8. COLOR OR RACE

Roberts

White

9. AGE (At time of this birth)

36

YEARS

10. BIRTHPLACE (State or foreign country)

London, Ontario, Canada

11a. USUAL OCCUPATION

Electrician

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Melesse

F.

Glazier

White

14. AGE (At time of this birth)

31

YEARS

15. BIRTHPLACE (State or foreign country)

Alberta, Canada

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Jeff Roberts

Boise. Rt. 1

2

none

none

18a. LENGTH OF PREG-

NANCY

36 WEEKS

18b. WEIGHT AT BIRTH

6 LBS.

2 OZS.

19. Was a standard serological test for syphilis performed? Yes No Approximate date Feb 1951 Y39.2

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Erythroblastosis

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

7-30-51

23c. ATTENDANT'S ADDRESS

IF NOT
ATTENDED BY
PHYSICIAN

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

July 31.1951

25c. NAME OF CEMETERY OR CREMATORIUM

Morris Hill

25d. LOCATION (City, town, or County)

(State)

Boise Idaho

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

8-6-51

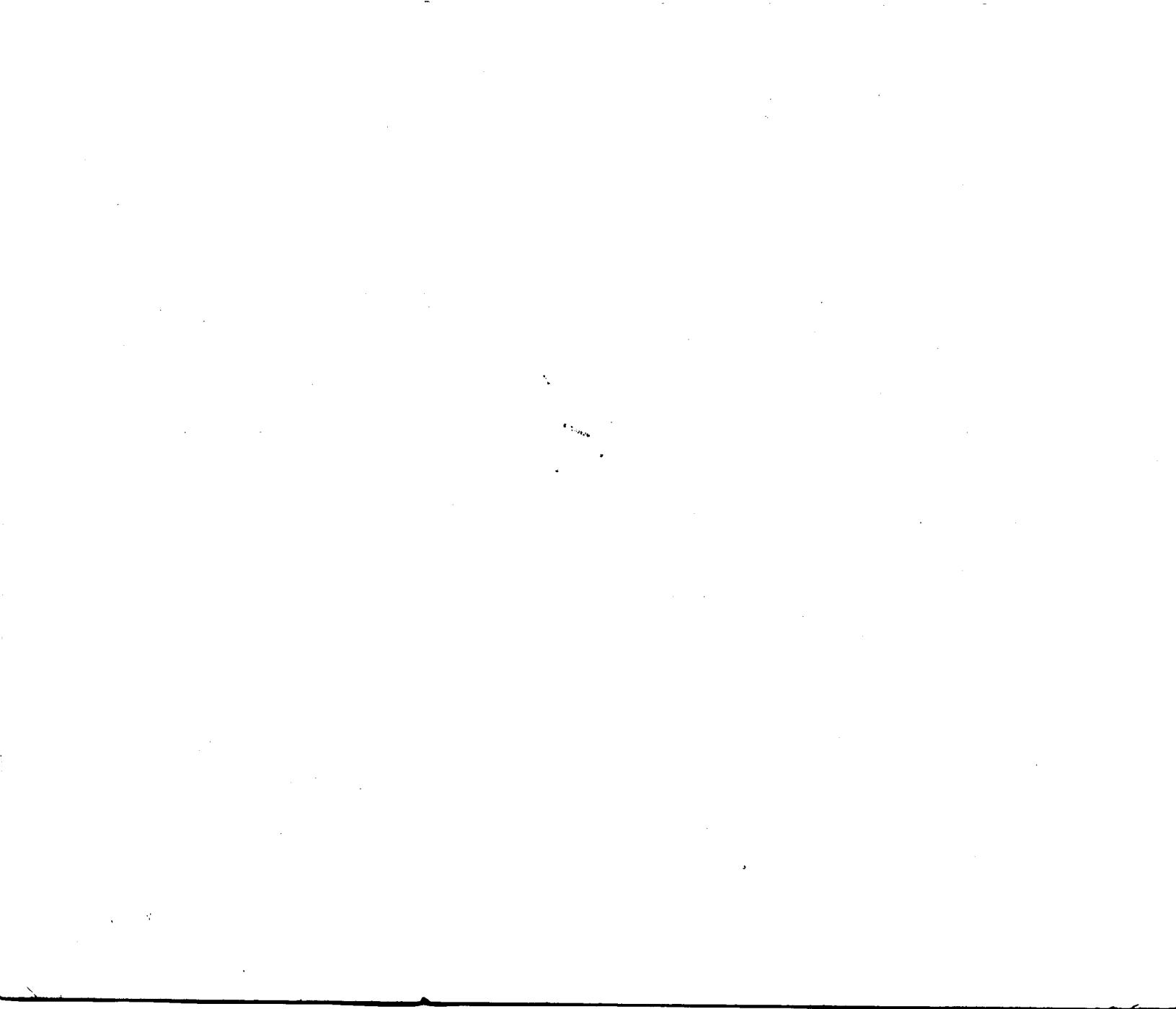
Myrtle Palmer

26. FUNERAL DIRECTOR

ADDRESS

Schreiber-McCann-Gibson. Boise

J. McCann



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GENC 100-10000
MAY 1951 CERTIFICATE OF STILLBIRTH

AUG 7 1951

State of Idaho

State File No.

19

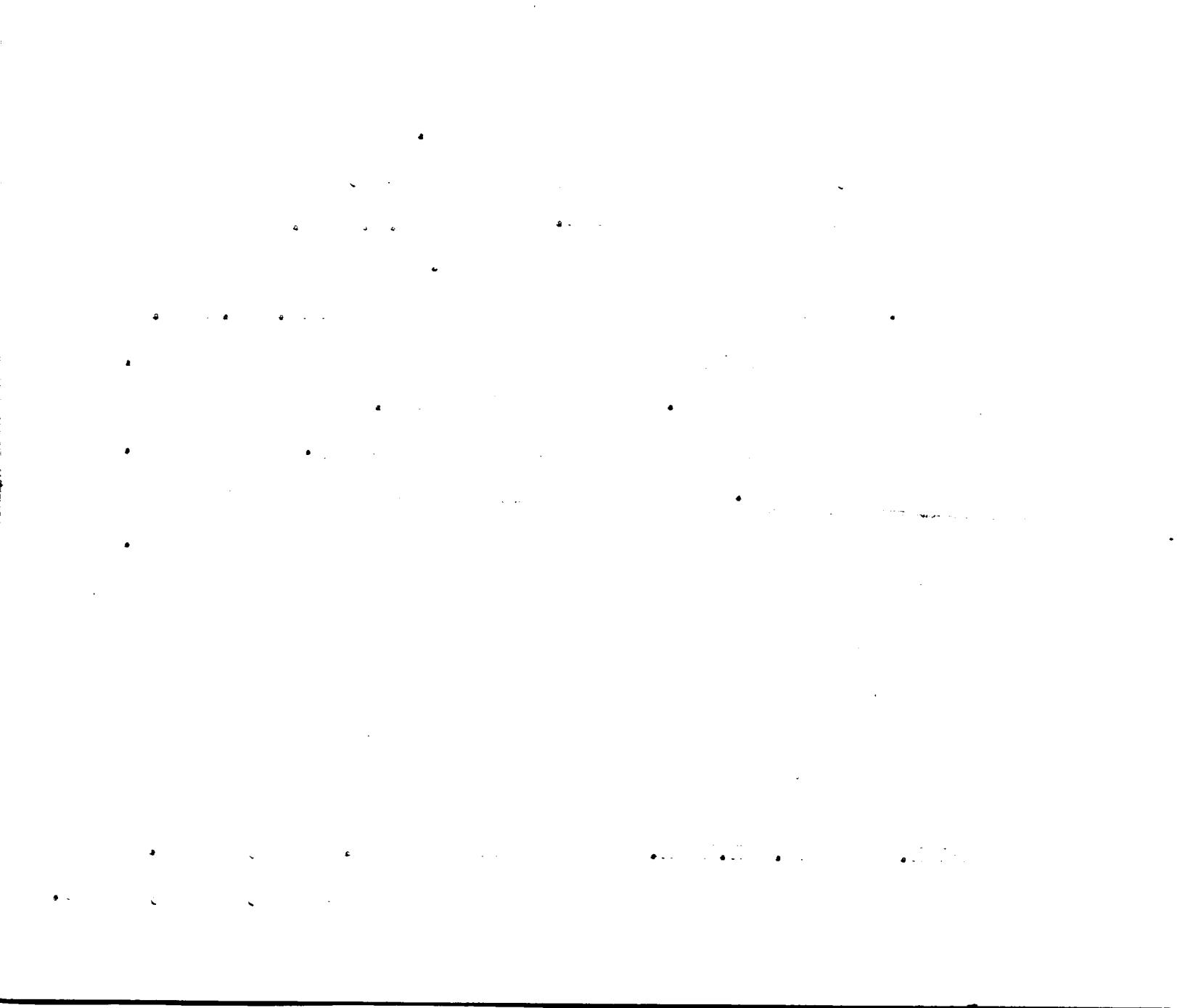
Local Reg No. 38

281

~~Recd by~~ Reg Dist No 370

DIVISION OF VITAL

1. PLACE OF STILLBIRTH a. COUNTY		STATISTICS		
Ada				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		Boise.		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		St Alphonsus Hospital.		
3. CHILD'S NAME (Type or Print)		BABY	GIRL	
			LEE.	
4. SEX	5a. THIS BIRTH		5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female.	SINGLE <input checked="" type="checkbox"/>	TWIN <input type="checkbox"/>	TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> July, 30.1951.
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Martin		Lee	White.
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
53 YEARS	Iowa.	Cab Driver.		
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Thelma	Arlene	Bishop.	White.
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
22 YEARS	Iowa.	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT	Edna E Bishop RD 5 Boise Id		2	None.
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No.....	y 39.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>not known</i> .		
		20b. MATERNAL CAUSES <i>not known</i> .		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i> .		22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7-30-43</u> m/a		23a. ATTENDANT'S SIGNATURE <i>Max D. Summers</i> M.D.	(Specify if M.D., midwife, or other)	
		23c. ATTENDANT'S ADDRESS <i>Boise Idaho</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>7-31-51</i>	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial.	25b. DATE July. 31.1951.	25c. NAME OF CEMETERY OR CREMATORIAL Morris Hill Cemetery.	25d. LOCATION (City, town, or county) Boise, Idaho.	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR Summers Funeral Home,	ADDRESS Boise, Idaho	
8-6-51		<i>Elyda E. Summers</i>		



JUL 31 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

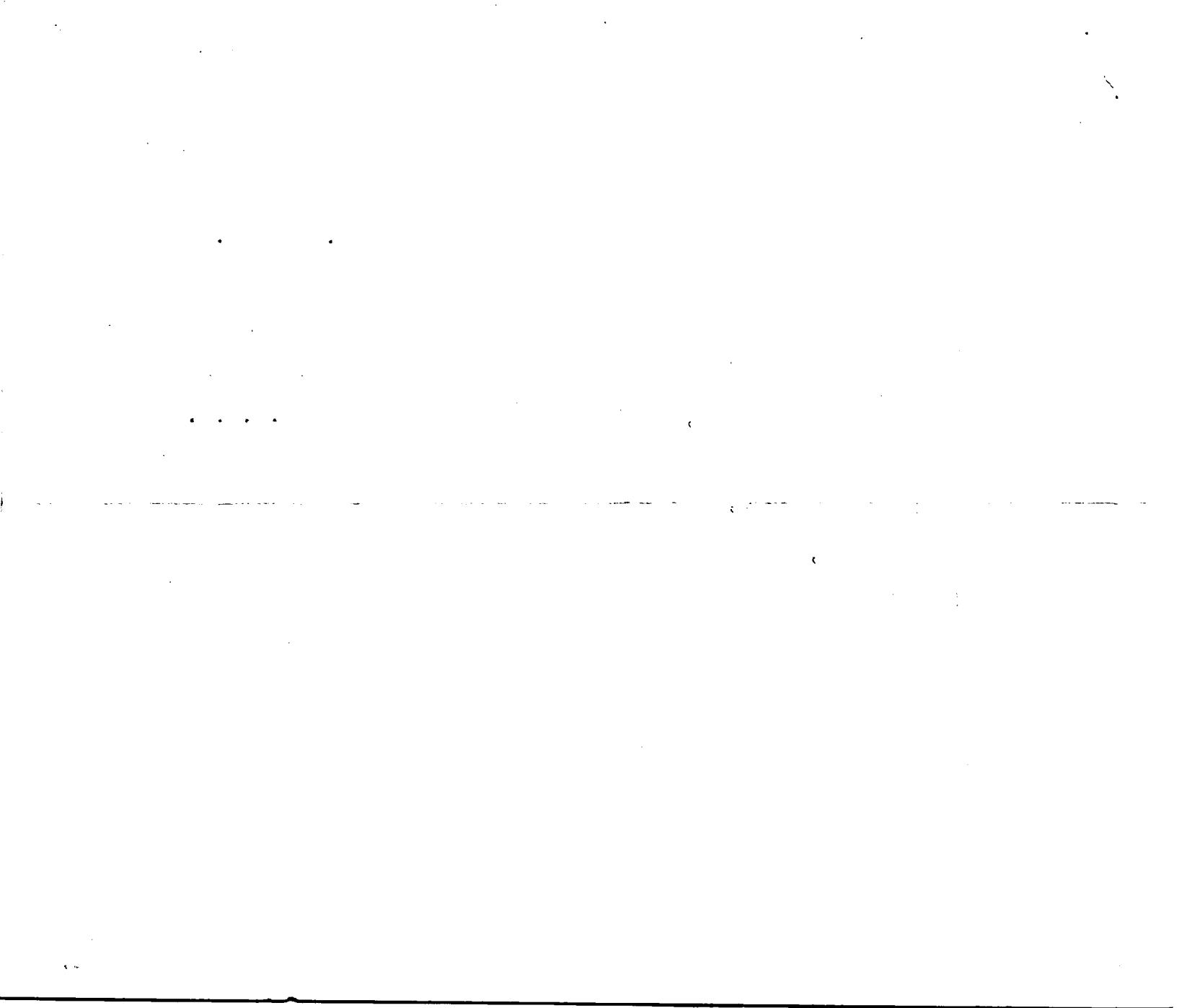
State of Idaho

State File No. 102

Local Reg. No. 104

Reg. Dist. No. 64

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pocatello General Hosp		d. STREET ADDRESS (If rural, give location) 1456 No. 1st St.	
3. CHILD'S NAME (Type or Print) Baby Boy Mestaz			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 22 1951
7. FATHER'S NAME NAME	a. (First) Federico	b. (Middle)	c. (Last) Mestaz
8. COLOR OR RACE Mexican			
9. AGE (At time of this birth) 47 YEARS	10. BIRTHPLACE (State or foreign country) Guadalupe, Mexico	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
12. MOTHER'S MAIDEN NAME NAME	a. (First) Carmen	b. (Middle)	c. (Last) Ortega
13. COLOR OR RACE Mexican			
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Sonora, Mexico	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 9 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Carmen Mestaz, Mother			
18a. LENGTH OF PREG- NANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date y36.4	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES 20b. MATERNAL CAUSES Decarclated placenta hemorrhage		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR uterine hemorrhage hemorraghe	22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Dr C Ray	(Specify if M. D., midwife, or other) MD	
	23c. ATTENDANT'S ADDRESS	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE 6-25-51	25c. NAME OF CEMETERY OR CREMATORIAL Mountainview	25d. LOCATION (City, town, or county) Pocatello Idaho
DATE REC'D BY LOCAL REG. 7-30-51	REGISTRAR'S SIGNATURE Jessie J. Powell	26. FUNERAL DIRECTOR Byron B. Dawson	ADDRESS Pocatello Idaho



JUL 31 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 163
Local Reg. No. 192
Reg. Dist. No. 10

1. PLACE OF STILLBIRTH

a. COUNTY Bannock

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Pocatello

c. FULL NAME (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Pocatello General Hosp.

3. CHILD'S NAME

(Type or Print) Baby Girl Dalley

4. SEX

Female

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST

2ND

6. DATE OF
STILLBIRTH (Month)

(Day) (Year)
July 4, 1951

7. FATHER'S
NAME

a. (First)

Carl

b. (Middle)

James

c. (Last)

Dalley

8. COLOR OR RACE

White

9. AGE (At time of this birth)

25 YEARS

10. BIRTHPLACE (State or foreign country)

Aberdeen, Idaho

11a. USUAL OCCUPATION

Student

11b. KIND OF BUSINESS OR INDUSTRY

Idaho State College

12. MOTHER'S
MAIDEN
NAME

a. (First)

Helen

b. (Middle)

Lucille

c. (Last)

Wedel

13. COLOR OR RACE

White

14. AGE (At time of this birth)

25 YEARS

15. BIRTHPLACE (State or foreign country)

Aberdeen, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

2

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

Helen Lucille Dalley, Mother

18a. LENGTH OF PREG-

NANCY
22 WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

y 35, 3

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Poor Cardiac Circ.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

25b. DATE

July 9, 1951

25c. NAME OF CEMETERY OR CREMATORIUM

Mountain View Cemetery

25d. LOCATION (City, town, or county) (State)

Pocatello Idaho

DATE REC'D BY LOCAL REG. OFFICER

July 9, 1951

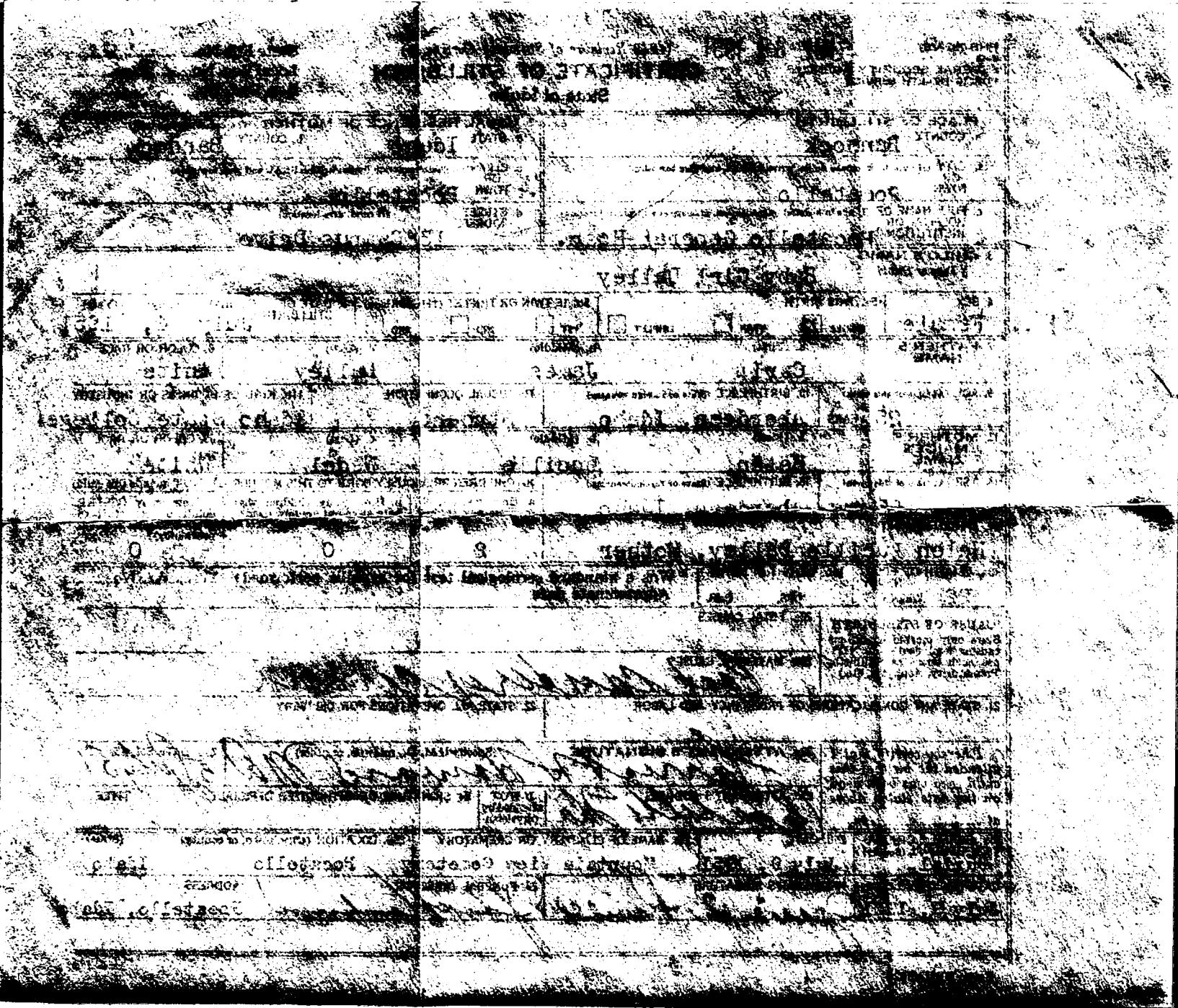
REG. OFFICER'S SIGNATURE

Jessie L. Powell

26. FUNERAL DIRECTOR

ADDRESS

Pocatello, Idaho



RECEIVED (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

25 1951

LIVELIHOOD OF VITAL State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

104

1. PLACE OF STILLBIRTH

a. COUNTY **Bannock**b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Pocatello**c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **Pocatello General Hosp.**

3. CHILD'S NAME

(Type or Print)

Baby Girl Heath

4. SEX

5a. THIS BIRTH

FemaleSINGLE TWIN TRIPLET 1ST 2ND 3RD 7. FATHER'S
NAME

5b. IF TWIN OR TRIPLET (This child born)

a. (First)

b. (Middle)

c. (Last)

James**Leroy****Heath**6. DATE OF
STILLBIRTH (Month) (Day) (Year)**July 7, 1951**

9. AGE (At time of this birth)

29 YEARS

10. BIRTHPLACE (State or foreign country)

Pocatello, Idaho

11a. USUAL OCCUPATION

Corporal

11b. KIND OF BUSINESS OR INDUSTRY

U.S.Army Tank Division12. MOTHER'S
MAIDEN
NAME

a. (First)

Dorothy

b. (Middle)

Laraine

c. (Last)

Lewis

13. COLOR OR RACE

White

14. AGE (At time of this birth)

19 YEARS

15. BIRTHPLACE (State or foreign country)

Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

2

0

2

17. INFORMANT

Dorothy Heath, Mother

19

0

2

18a. LENGTH OF PREG-

NANCY
28 WEEKS

18b. WEIGHT AT BIRTH

LBS. OZS.
Approximate date19. Was a standard serological test for syphilis performed? Yes No **Y39.6**

20a. CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

None apparent.

20b. MATERNAL CAUSES

None apparent.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

None.**None.**I hereby certify that I attended the birth of this child who was born dead on the date stated above at **m.**

23a. ATTENDANT'S SIGNATURE

Dr. L. Oliver, M.D.

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

IF NOT
ATTENDED BY
PHYSICIAN

23b. DATE SIGNED

7-9-51,

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

25b. DATE

July 9, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

The Cemetery

25d. LOCATION (City, town, or county) (State)

Mc Cormick, Idaho

DATE REC'D BY LOCAL REG. REG.

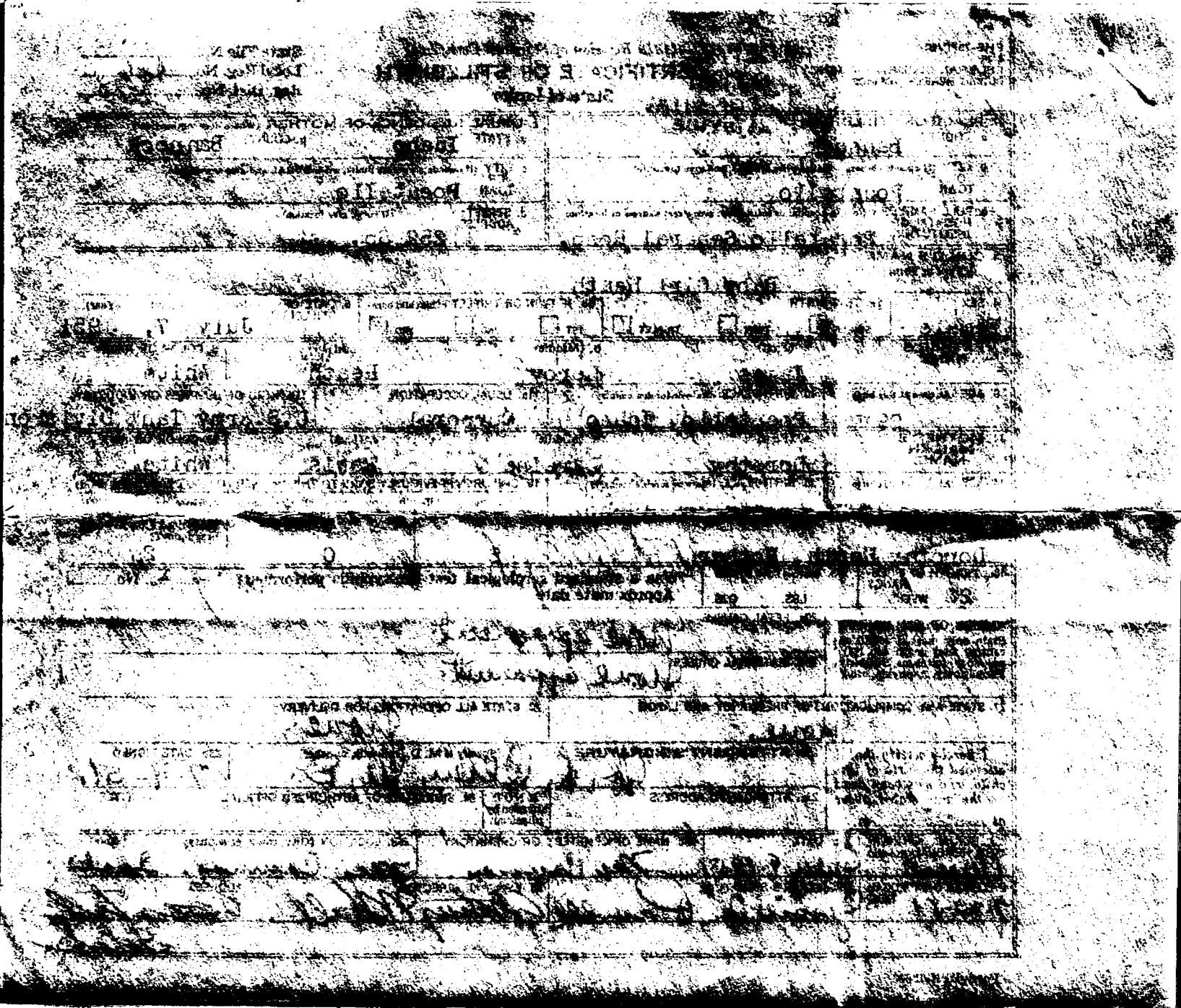
Jessie J. Powell

26. FUNERAL DIRECTOR

Anthony N. Hall

ADDRESS

Pocatello, Idaho



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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

AUG 11 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.....

105

Local Reg. No. 204

Reg. Dist. No. 5-11

1. PLACE OF STILLBIRTH

a. COUNTY

Bannock

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Pocatelloc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Pocatello General Hospital

3. CHILD'S NAME

(Type or Print)

Baby Boy Davis

4. SEX

Male

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF
STILLBIRTH(Month) (Day) (Year)
July 26, 19517. FATHER'S
NAME

a. (First)

b. (Middle)

Jack

K

c. (Last)

8. COLOR OR RACE

Davis

White

9. AGE (At time of this birth)

33 YEARS

10. BIRTHPLACE (State or foreign country)

McCammon, Idaho

11a. USUAL OCCUPATION

Dentist

11b. KIND OF BUSINESS OR INDUSTRY

U.S.Armed Forces

12. MOTHER'S
MAIDEN
NAMEa. (First)
Jeanne

b. (Middle)

c. (Last)

13. COLOR OR RACE

Hudson

White

14. AGE (At time of this birth)

28 YEARS

15. BIRTHPLACE (State or foreign country)

Miles City, Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
1 0 0

17. INFORMANT

Jeanne Davis, Mother

18a. LENGTH OF PREG-

NANCY
29 WEEKS

18b. WEIGHT AT BIRTH

3 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes No
Approximate date Y36.2CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

{ Preexisting
conditions
Placenta - fetal head
dead
fetus

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Dick Hobart

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

Pocatello Idaho

If NOT attended by physician

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

7-28-51

25c. NAME OF CEMETERY OR CREMATORIUM

Mount Moriah

25d. LOCATION (City, town, or county)

Pocatello Idaho

(State)

DATE REC'D BY LOCAL

AUG 9 1951

REGISTRAR'S SIGNATURE

Jessie J. Powell

26. FUNERAL DIRECTOR

Byron B. Doward

ADDRESS

Pocatello Idaho

47-112142
CHICAGO

CHICAGO TRAINING CENTER

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEDIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH

a. COUNTY

Bannock

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Pocatello

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Bannock

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Pocatello

d. STREET
ADDRESS

(If rural, give location)

163 Melrose

3. CHILD'S NAME

(Type or Print)

Baby Girl Hurley

4. SEX

female

5a. THIS BIRTH

TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF
STILLBIRTH

(Month) 7 (Day) 30 (Year) 51

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Robert

H.

Hurley

white

9. AGE (At time of this birth)

22 YEARS

10. BIRTHPLACE (State or foreign country)

Junction City, Kansas

11a. USUAL OCCUPATION

Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY

Z.C.M.I.

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Janice

Jean

13. COLOR OR RACE

Beckner

white

14. AGE (At time of this birth)

23 YEARS

15. BIRTHPLACE (State or foreign country)

Fort Riley, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many chil-
dren are now living?b. How many children were
born alive but are now dead?c. How many OTHER
children were stillborn
(born dead after 28 weeks
pregnancy)?

0

0

0

17. INFORMANT

Robert H. Hurley father

18a. LENGTH OF PREG-

NANCY

32 WEEKS

18b. WEIGHT AT BIRTH

1 LBS. 3 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date
y38.0CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

anencephalus

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at 9:29 p.m.

22. STATE ALL OPERATIONS FOR DELIVERY

more

23a. ATTENDANT'S SIGNATURE

Ralph B. Segsted M.D.

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

8-1-51

23c. ATTENDANT'S ADDRESS

Pocatello, Idaho

If not
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORIUM

25d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL

AUG 9 1951

REGISTRAR'S SIGNATURE

Jessie J. Powell

26. FUNERAL DIRECTOR

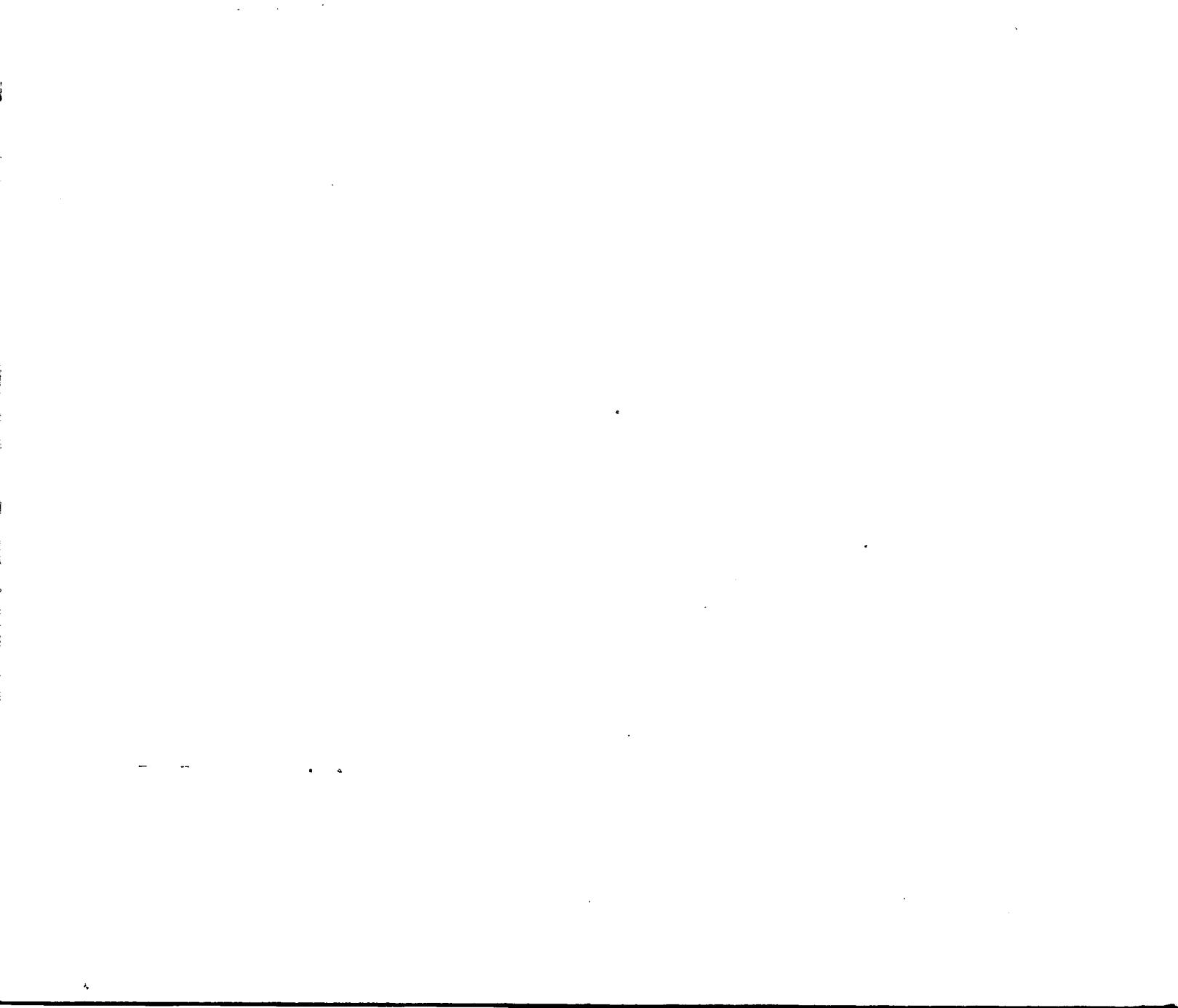
ADDRESS

This image shows a document page that has been severely redacted and damaged. The original text is mostly illegible due to heavy blacking over. However, some fragments of text and markings are visible through the damage. At the top, there are several lines of text that appear to be partially obscured by redaction. In the center, there is a large rectangular area where the majority of the content has been removed. Some faint, illegible text can be seen through the redaction. On the right side, there are more lines of text, some of which are partially cut off at the bottom. The overall appearance is that of a classified or sensitive document that has undergone extensive protection.

RECEIVED (1949 Revision of Standard Certificate)
AUG 3 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL Statistics State of Idaho

State File No. *137*Local Reg. No. *3*Reg. Dist. No. *135*

1. PLACE OF STILLBIRTH a. COUNTY Benewah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tensed		b. COUNTY Benewah	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION In their Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tensed	
d. STREET ADDRESS Tensed		(If rural, give location)	
3. CHILD'S NAME (Type or Print) Ann Cora Scott			
4. SEX Female	5a. THIS BIRTH SINGLE*	5b. IF TWIN OR TRIPLET (This child born) TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 21 1951
7. FATHER'S NAME Arthur	a. (First) Jorgen	b. (Middle) Scott	c. (Last) White
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Spokane Wash.	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME Delores	a. (First) Nadine	b. (Middle) Cappo	c. (Last) White
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) California	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None None One	
17. INFORMANT Arthur J. Scott Father			
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH ** LBS. * OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date None	y 39.6
20a. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. FETAL CAUSES Unknown	
20b. MATERNAL CAUSES Smokes too much			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>W E Abegglen</i> (Specify if M. D., midwife, or other)	
23c. ATTENDANT'S ADDRESS Tekoa, Washington		If NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL D.O.
25a. BURIAL, CREMATION, REMOVAL (Specify) Buried		25b. DATE City	
25c. NAME OF CEMETERY OR CREMATORIAL Fairfield Wash		25d. LOCATION (City, town, or county) (State) Fairfield Wash	
DATE REC'D BY LOCAL REG. 7-23-51		26. FUNERAL DIRECTOR ADDRESS H. Geiger Fairfield, Wash	
REGISTRAR'S SIGNATURE Doris V. Madison			



RECEIVED 1949 Revision of Standard Certificate
AUG 1 1951 **CERTIFICATE OF STILLBIRTH**
DIVISION OF VITAL **State of Idaho**

State File No. 278
Local Reg. No. 26
Reg. Dist. No. 4-10

1. PLACE OF STILLBIRTH STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Blaine</u>	b. STATE <u>IDAHO</u>	c. COUNTY <u>Blaine</u>	d. CITY (If outside corporate limits, write RURAL and give township) <u>Hailey</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hailey</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hailey</u>	d. STREET ADDRESS (If rural, give location)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>HAILEY CLINICAL</u>			
3. CHILD'S NAME (Type or Print) <u>RENEE RUTTER</u>			
4. SEX <u>F.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) <u>7</u> (Day) <u>14</u> (Year) <u>51</u>
7. FATHER'S NAME	a. (First) <u>MILTON</u>	b. (Middle) <u>FREDERICK</u>	c. (Last) <u>RUTTER</u>
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Hailey Idaho</u>	11a. USUAL OCCUPATION <u>Carpenter</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>GLORIA</u>	a. (First) <u>JEAN</u>	b. (Middle) <u>BERRY</u>	c. (Last) <u>White</u>
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>DES MOINES IOWA</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>one</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Milton Rutter</u>	18a. LENGTH OF PREG. <u>40</u> WEEKS 18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>10</u> OZS.		
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>2 Jan 1951</u>		20a. FETAL CAUSES <u>Strangulation due to cord</u>	
20b. MATERNAL CAUSES <u>None</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>	
22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		23a. ATTENDANT'S SIGNATURE <u>Frank J. Parker M.D.</u>	
23b. ATTENDANT'S ADDRESS <u>Hailey Idaho</u>		(Specify if M. D., midwife, or other) If NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert H. Wright, per Ray McGoldrick</u>		23b. DATE SIGNED <u>18 Jul 51</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>7-14-51</u>		25b. DATE <u>7-14-51</u>	25c. NAME OF CEMETERY OR Crematory <u>400F Hailey</u>
25d. LOCATION (City, town, or county) <u>Idaho</u>		(State)	
DATE REC'D BY LOCAL REG. <u>July 21-1951</u>		26. FUNERAL DIRECTOR <u>Robert H. Wright, per Ray McGoldrick</u>	ADDRESS <u>Hailey 6Bn.</u>
REGISTRAR'S SIGNATURE			

Gayelord
Hauser
and the Smoky Tigris

CERTIFICATE OF STILLBIRTH

State of Idaho

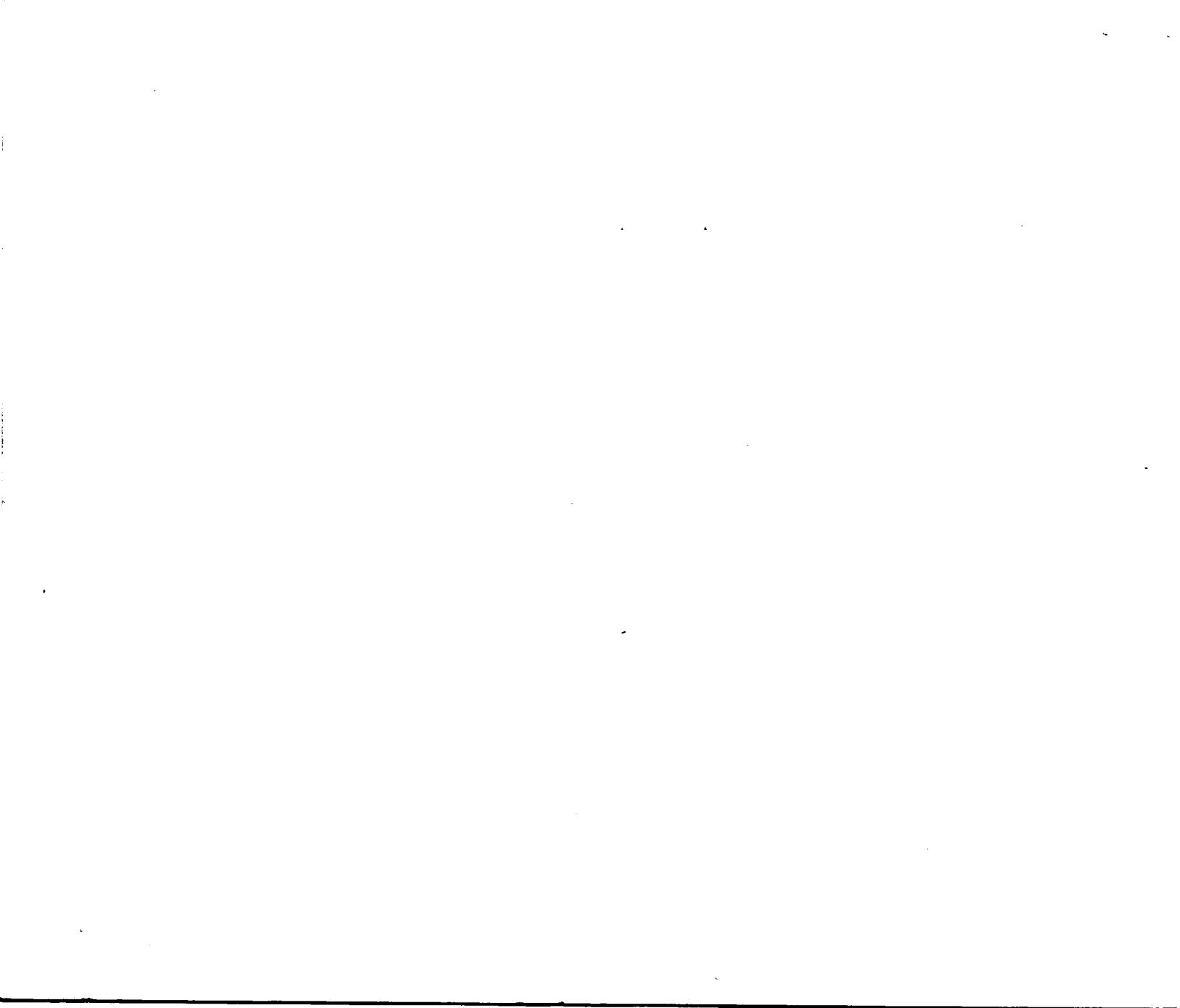
JUL 11 1951

State File No. 109

Local Reg. No. /

Reg. Dist. No. 110

1. PLACE OF STILLBIRTH a. COUNTY Bonner		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint		b. COUNTY Bonner	
c. FULL NAME OF, (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bonner Gen. Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route #1, Sandpoint	
d. STREET ADDRESS None		(If rural, give location)	
3. CHILD'S NAME (Type or Print) ROSE LEE MORROW			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH 7 2 51
7. FATHER'S NAME Harry	a. (First) Harry	b. (Middle) Morrow	c. (Last) White
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Windham Mont	11a. USUAL OCCUPATION Logging	11b. KIND OF BUSINESS OR INDUSTRY Timber working
12. MOTHER'S MAIDEN NAME Virginia	a. (First) Virginia	b. (Middle) 	c. (Last) Graves
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Sandpoint Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Harry Morrow, kootenai Ida ho			
18a. LENGTH OF PREG. NANCY 39 WEEKS	18b. WEIGHT AT BIRTH — LBS. — OZS. Approximate date	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> February 6, 1951 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Cord compression - (cord wrapped around body)		
	20b. MATERNAL CAUSES None known		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Vaginal delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:20 p.m.		23a. ATTENDANT'S SIGNATURE Belinda Peterson M.D. (Specify if M. D., midwife, or other)	
23c. ATTENDANT'S ADDRESS Sandpoint, Idaho		23b. DATE SIGNED 7/5/51	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 	
25c. NAME OF CEMETERY OR CREMATORIAL Pinecrest Ceme.		25d. LOCATION (City, town, or county) (State) Sandpoint Idaho	
DATE REC'D BY LOCAL REG. July 7-1951		REGISTRAR'S SIGNATURE Merlene E. Miley	
		26. FUNERAL DIRECTOR J. G. Moore	
		ADDRESS Noon Funeral Home Sandpoint, Ida.	



RECEIVED

(1949 Revision of Standard Certificate)

AUG 13 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

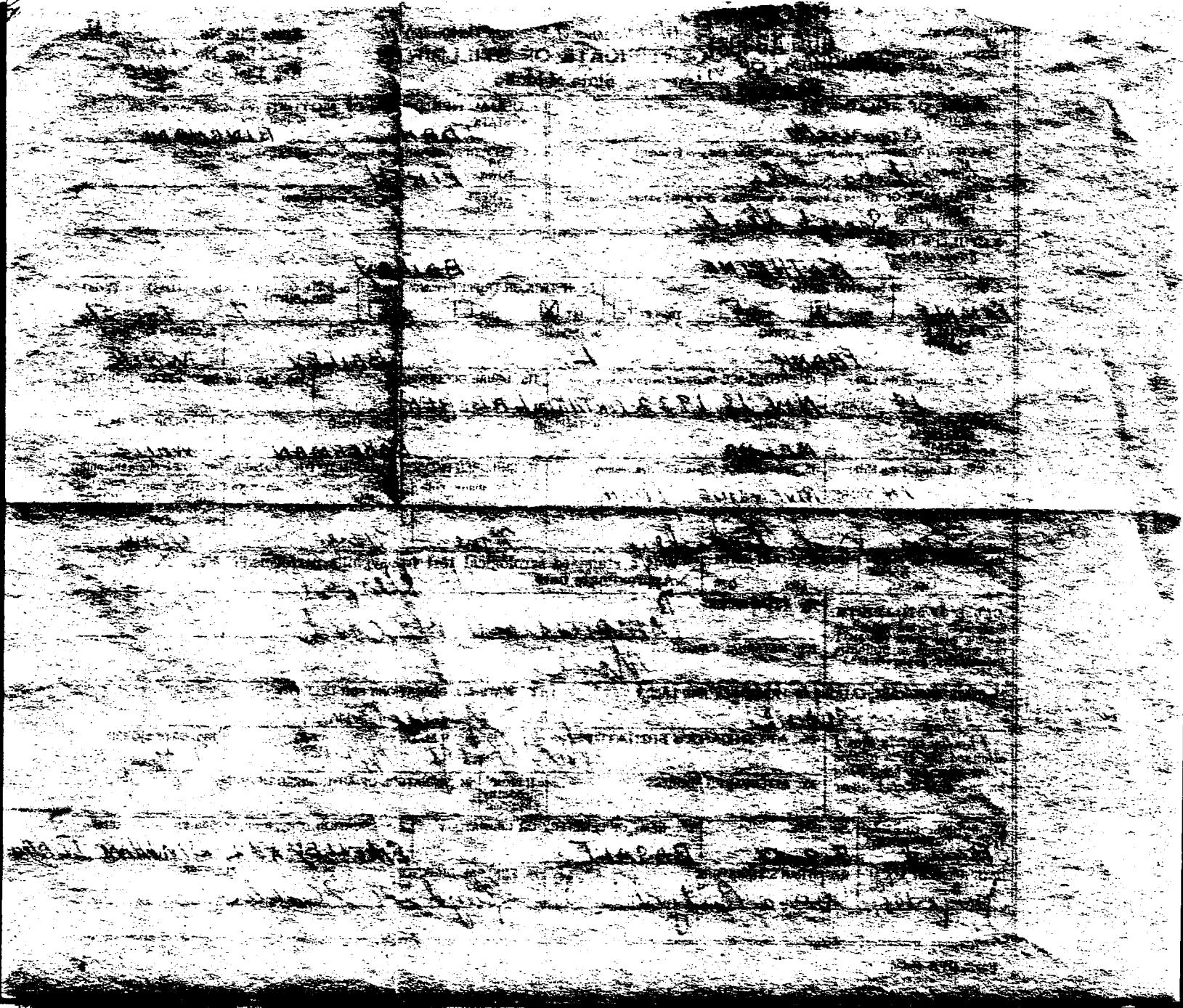
State File No.

110

Local Reg. No. 159

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bonneville	a. STATE	IDAHO
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Idaho Falls	b. COUNTY	BINGHAM
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Sacred Heart	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	FIRTH
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
KATHRINE		BAILEY	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
FEMALE	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	7 9 - 51
7. FATHER'S NAME	a. (First) FRANK	b. (Middle) L.	c. (Last) BAILEY
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
18 YEARS	NOV 18 1932 FIRTH IDAHO	LABORER	
12. MOTHER'S MAIDEN NAME	a. (First) MELBA	b. (Middle)	c. (Last) OCKERMAN
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
14 YEARS	RIVERSIDE IDAHO	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	None None. None.		
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Dec 51	20. FETAL CAUSES <i>Compression of cord</i>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES <i>None</i>	21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>cesarean</i>
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE <i>W. Rose MC</i>	Specify if M. D., midwife, or other <i>Physician</i>	23b. DATE SIGNED <i>29 July 51</i>
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>7-9-51</i>	25c. NAME OF CEMETERY OR CREMATORIAL <i>BASALT</i>	25d. LOCATION (City, town, or county) (State) <i>GARFIELD R#2 BINGHAM IDAHO</i>
DATE REC'D BY LOCAL REG. <i>July 1-1951</i>	REGISTRAR'S SIGNATURE <i>Anna Bridges</i>	26. FUNERAL DIRECTOR <i>Floyd M. Neader</i>	ADDRESS



RECEIVED

1949 Revision of Standard Certificate

JUL 30 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No.

Local Reg. No.

14

Reg. Dist. No.

960

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Caldwell

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Caldwell Memorial Hospt.

3. CHILD'S NAME

(Type or Print)

Roy Nickel

4. SEX

5a. THIS BIRTH

Male

SINGLE TWIN TRIPLET 1ST 2ND 3RD 6. DATE OF
STILLBIRTH (Month) (Day) (Year)

July 25 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Leroy

Nickel

8. COLOR OR RACE

White

9. AGE (At time of this birth)

17 YEARS

10. BIRTHPLACE (State or foreign country)

Wheatland Wyoming

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

Farm Labor

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Doris

Elaine

Gebhart

13. COLOR OR RACE

White

14. AGE (At time of this birth)

18 YEARS

15. BIRTHPLACE (State or foreign country)

Berwyr Neb.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

0

0

17. INFORMANT

Leroy Nickel

Father

18a. LENGTH OF PREG-
NANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes No

y 36.2

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Asphyxia

20b. MATERNAL CAUSES

Abruptio Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Prematurity - abruptio Placenta

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

R. Ross

(Specify if M.D., midwife, or other)

me

23b. DATE SIGNED

7/25/57

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

July 25-1951

25c. NAME OF CEMETERY OR CREMATORIUM

Canyon Hill

25d. LOCATION (City, town, or county) (State)

Caldwell, Idaho

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

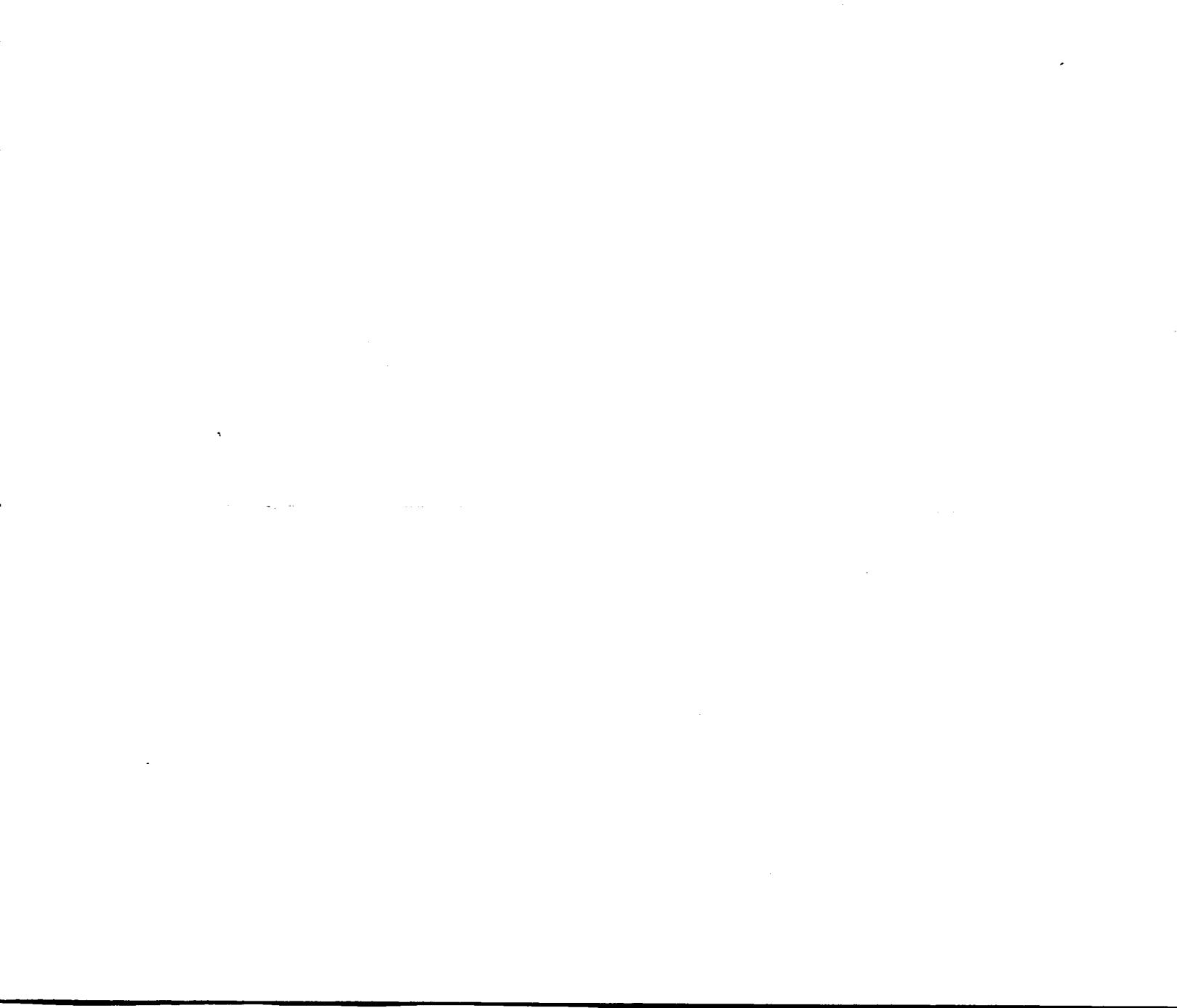
Agnes M. Denman

26. FUNERAL DIRECTOR

J. W. Jackson

ADDRESS

Caldwell, Idaho



RECEIVED CERTIFICATE OF STILLBIRTH

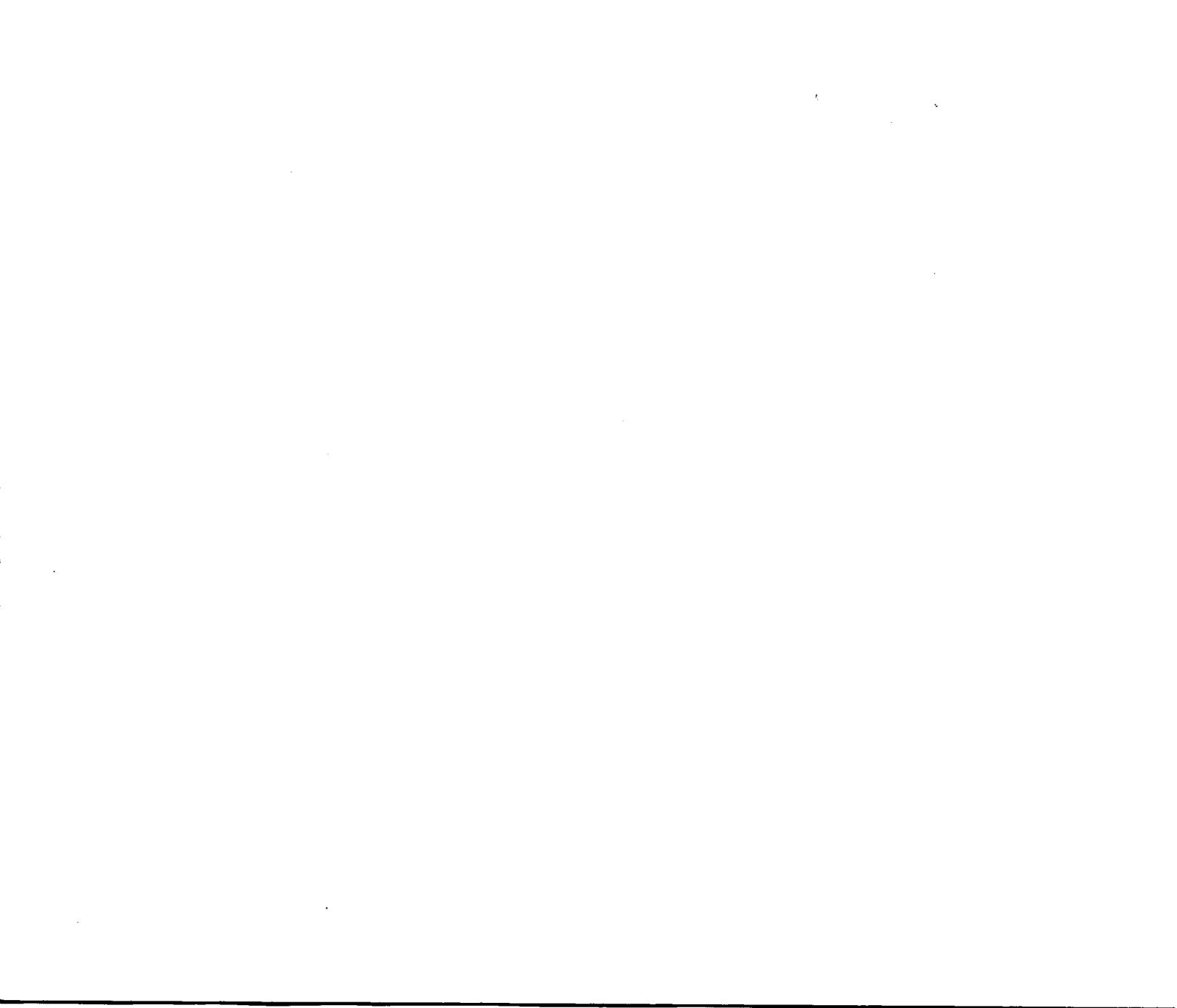
State of Idaho

State File No. 12

Local Reg. No. 14

Reg. Dist. No. 363

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon County</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nampa</i>		b. COUNTY <i>Canyon</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell</i>	
d. STREET ADDRESS <i>Blk 4</i>			
3. CHILD'S NAME (Type or Print) <i>Nafisnger</i>			
4. SEX <i>M</i>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) <i>7</i> (Day) <i>1</i> (Year) <i>51</i>
7. FATHER'S NAME a. (First) <i>James</i>	b. (Middle) <i>S.</i>	c. (Last) <i>Nafisnger</i>	8. COLOR OR RACE <i>W</i>
9. AGE (At time of this birth) <i>36</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Idaho Falls, Id.</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Meldeed</i>	b. (Middle) <i>Maud</i>	c. (Last) <i>Hedder</i>	13. COLOR OR RACE <i>W</i>
14. AGE (At time of this birth) <i>28</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Eugene Ore.</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>1</i> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Meldeed Maud Nafisnger</i>			
18a. LENGTH OF PREG. NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>739.6</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>None</i>		
20b. MATERNAL CAUSES <i>Prematurity of 5 mos</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>No</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Joe Sotter MD</i>	(Specify if M.D., midwife, or other) <i>MD</i>
		23c. ATTENDANT'S ADDRESS	23b. DATE SIGNED <i>7/3/51</i>
		24. IF NOT attended by physician	TITLE
25a. BURIAL CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Mrs Jane Steck</i>	26. FUNERAL DIRECTOR	ADDRESS



RECEIVED (1949 Revision of Standard Certificate)
JUL 28 1951 **CERTIFICATE OF STILLBIRTH**
DIVISION OF VITAL STATISTICS **State of Idaho**

State File No. 113
Local Reg. No. 12
Reg. Dist. No. 362

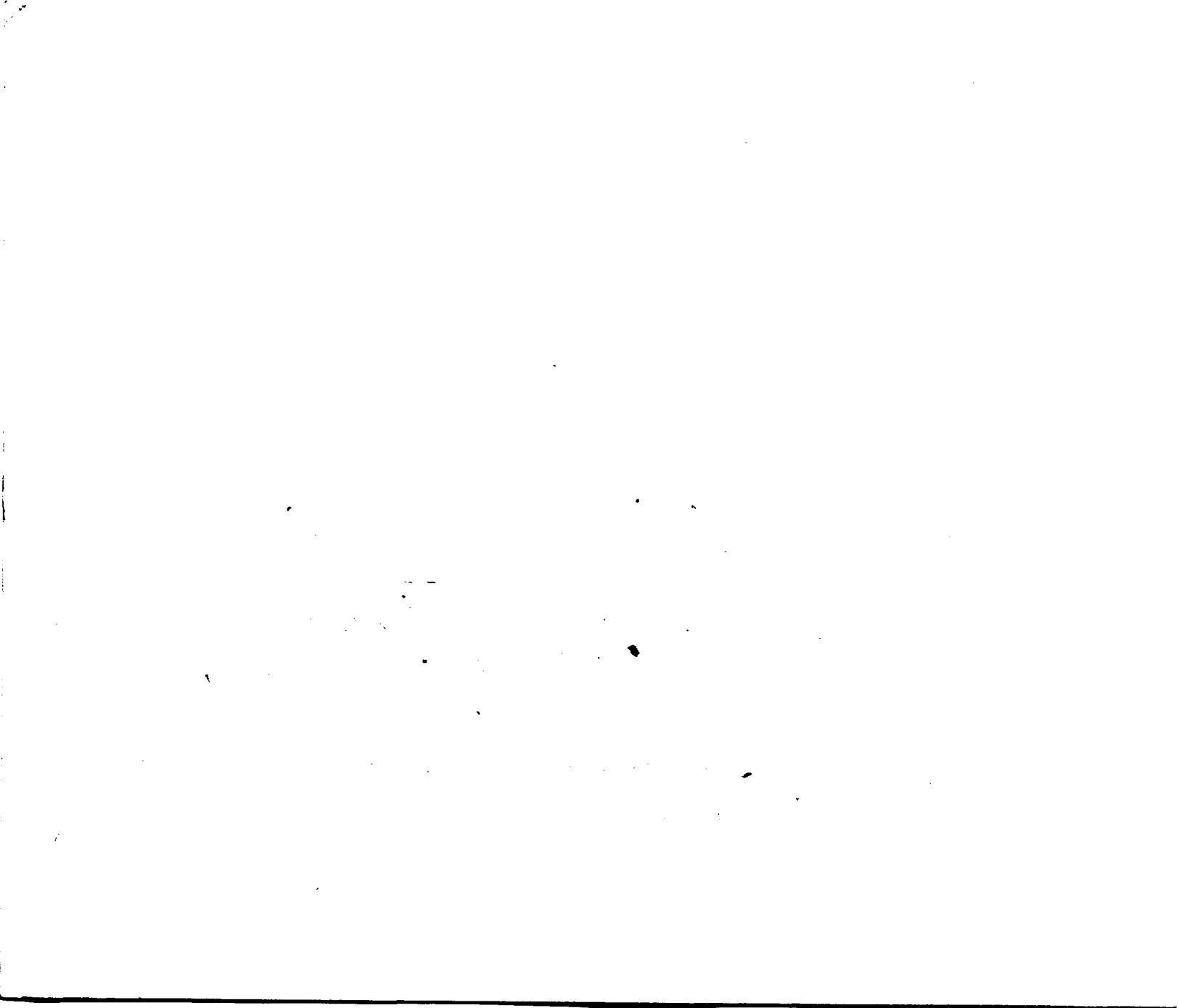
1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY	<u>Canyon</u>	a. STATE	<u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township or town)	<u>Nampa</u>	b. COUNTY	<u>Canyon</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION	<u>Merriy Hospital</u>	c. CITY (If outside corporate limits, write RURAL and give township or town)	<u>Nampa</u>	
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)		
<u>Bella Flores</u>				
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF STILLBIRTH
<u>F</u>	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		(Month) <u>7</u> (Day) <u>4</u> (Year) <u>51</u>
7. FATHER'S NAME	a. (First) <u>Clisio</u>	b. (Middle) <u></u>	c. (Last) <u>Floros</u>	8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
<u>31</u> YEARS	<u>Texas</u>		<u>Labor</u>	
12. MOTHER'S MAIDEN NAME	a. (First) <u>Domingo</u>	b. (Middle) <u></u>	c. (Last) <u>Ramirez</u>	13. COLOR OR RACE <u>W</u>
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
<u>29</u> YEARS	<u>Texas</u>	a. How many children are now living? <u>4</u>	b. How many children were born alive but are now dead? <u>2</u>	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>
17. INFORMANT <u>Health Records By George H. Walker</u>				
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH LBS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u> <u>7/36-2</u>		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Nothing</u>			
20b. MATERNAL CAUSES <u>Bleeding - Placenta</u>				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>No</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>No</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		(Specify if M. D., midwife, or other) <u>G. S. Allen MD</u>		23b. DATE SIGNED <u>7/6/51</u>
23a. ATTENDANT'S SIGNATURE		(Specify if M. D., midwife, or other) <u>G. S. Allen MD</u>		23b. DATE SIGNED <u>7/6/51</u>
23c. ATTENDANT'S ADDRESS		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Buried</u>	25b. DATE <u>7/6/51</u>	25c. NAME OF CEMETERY OR CREMATORIAL <u>Canyon</u>	25d. LOCATION (City, town, or county) <u>Nampa Idaho</u>	(State)
DATE REC'D BY LOCAL REG. <u>July 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jane Duke</u>	26. FUNERAL DIRECTOR <u>George H. Walker</u>	ADDRESS <u>Nampa Idaho</u>	



RECEIVED (1949 Revision of Standard Certificate)
AUG 13 1951 **CERTIFICATE OF STILLBIRTH**
DIVISION OF VITAL **State of Idaho**

State File No.
Local Reg. No. 13
Reg. Dist. No. 342

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>204 Diamond</u>	
3. CHILD'S NAME (Type or Print) <u>RONNIE LOBATO</u>			
4. SEX <u>male</u>	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH <u>July 30, 1951</u>
7. FATHER'S NAME <u>JOE</u>	a. (First) <u>S.</u> b. (Middle) <u>LOBATO</u> c. (Last)	8. COLOR OR RACE <u>Spanish</u>	
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>New Mexico</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>ERMIIE</u>	a. (First) <u>ERMIIE</u> b. (Middle)	c. (Last) <u>SENA</u>	13. COLOR OR RACE <u>Spanish</u>
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Fruita, Colo.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>Y36.0</u>	
17. INFORMANT <u>Joe S. Lobato</u>			
18a. LENGTH OF PREG- NANCY <u>full term</u>	18b. WEIGHT AT BIRTH LBS. <u>0</u> OZS. <u>0</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>2-9-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Collapse of Card i</i> 20b. MATERNAL CAUSES <i>Pregnancy over term</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u> <u>Nampa, Idaho</u>		23a. ATTENDANT'S SIGNATURE <u>J. Mangum M.D.</u>	(Specify if M. D., midwife, or other)
		23b. DATE SIGNED <u>8-6-51</u>	TITLE
25a. BURIAL CREMA- TION REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>7/31/51</u>	25c. NAME OF CEMETERY OR CREMATORIAL <u>Kohlerlawn Cemetery</u>
DATE REC'D BY LOCAL REG.		25d. LOCATION (City, town, or county) <u>Nampa, Idaho</u>	(State)
REG. <u>Mug 9, 1951</u>		25e. FUNERAL DIRECTOR <u>This funeral home is John F. Alsip Jr.</u>	ADDRESS <u>Nampa, Idaho</u>
		25f. ROBINSON-ALSIP CHAPEL	



PHS-797(VS)

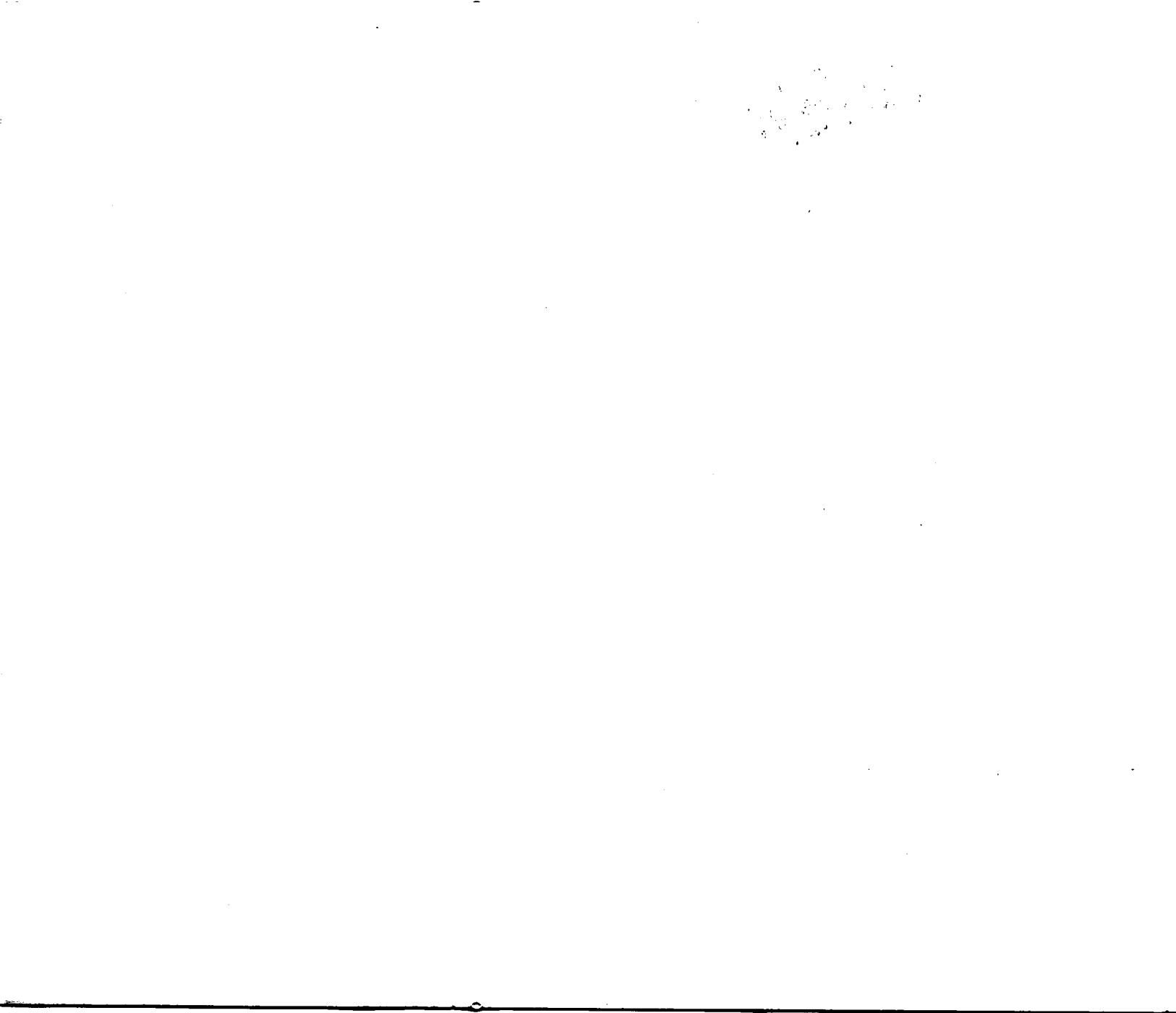
4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 17 1951 (1949 Revision of Standard Certificate)
DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS **State of Idaho**

**Death 30 Birth 253 Death 13 Cert.
State File No. 2000 Birth 13
Local Reg. No. (3)(25-3)
Reg. Dist. No. 470**

1. PLACE OF STILLBIRTH a. COUNTY <i>Cassia</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Cassia</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Burley</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Burley</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Cottage Hospital</i>		d. STREET ADDRESS <i>335 North Overland (Burley)</i>	
3. CHILD'S NAME (Type or Print) <i>- Osterhout</i>			
4. SEX <i>?</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Aug. 1 1951</i>
7. FATHER'S NAME <i>Merlin</i>	a. (First) <i>Merlin</i> b. (Middle) <i>-</i> c. (Last) <i>Osterhout</i>	8. COLOR OR RACE <i>white</i>	
9. AGE (At time of this birth) <i>55 YEARS</i>	10. BIRTHPLACE (State or foreign country) <i>Elba Idaho</i>	11a. USUAL OCCUPATION <i>Laborer</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>not working</i>
12. MOTHER'S MAIDEN NAME <i>Alta</i>	a. (First) <i>Alta</i> b. (Middle) <i>-</i> c. (Last) <i>Ross</i>	13. COLOR OR RACE <i>white</i>	
14. AGE (At time of this birth) <i>43 YEARS</i>	15. BIRTHPLACE (State or foreign country) <i>Ogden Utah</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>5</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>1</i>	
17. INFORMANT <i>Alta Osterhout mother</i>	18a. LENGTH OF PREG- NANCY <i>36 WEEKS</i>	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <i>y 39.5</i>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Unknown</i> 20b. MATERNAL CAUSES <i>Unknown</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>miscarriage at 26 weeks</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7-45 P.m.	23a. ATTENDANT'S SIGNATURE <i>James R. Kirsch Jr. D.O.</i> Specify if M.D., midwife, or other	23b. DATE SIGNED <i>4-4-1951</i>	
	23c. ATTENDANT'S ADDRESS <i>Burley Idaho</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician <i>-</i>	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Cremation</i>	25b. DATE <i>4-1-1951</i>	25c. NAME OF CEMETERY OR CREMATORIAL METHOD <i>Hospital Furnace Burley Idaho</i>	25d. LOCATION (City, town, or county) <i>State)</i>
DATE REC'D BY LOCAL REG. <i>4-19-1951</i>	REGISTRAR'S SIGNATURE <i>Beth Wilson</i>	26. FUNERAL DIRECTOR <i>Wern D. McCulloch, Burley Idaho</i>	ADDRESS <i>Cassia Co. Coroner</i>



RECEIVED

PHS-797(VS)
4-48FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEDIVISION OF VITAL RECORDS
CERTIFICATE OF STILLBIRTH
STATISTICS

(1949 Revision of Standard Certificate)

State of Idaho

State File No. 16#
Local Reg. No. 398
Reg. Dist. No. 4301. PLACE OF STILLBIRTH
a. COUNTY

Gooding

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Gooding

c. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

Gooding Memorial

3. CHILD'S NAME
(Type or Print)

Infant

4. SEX

5a. THIS BIRTH

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF STILLBIRTH (Month) (Day) (Year)

June - 12 - 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

9. AGE (At time of this birth)

10. BIRTHPLACE (State or foreign country)

YEARS

Casper - Wyo

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

Farm

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Adelouise Sorenson

White

14. AGE (At time of this birth)

15. BIRTHPLACE (State or foreign country)

YEARS

? - Towa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? 7
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT

18a. LENGTH OF PREGNANCY

36 WEEKS

18b. WEIGHT AT BIRTH

5 LBS. 12 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date: 7/36.0

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

Strangulation from cord around neck.

20b. MATERNAL CAUSES

None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

routine spontaneous delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:00 m.

23a. ATTENDANT'S SIGNATURE

Myrtle C. Purdon

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

6-15-51

23c. ATTENDANT'S ADDRESS

Shoshone, Idaho

24. SIGNATURE OF AUTHORIZED OFFICIAL

If NOT attended by physician

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

June

-14-51

25c. NAME OF CEMETERY OR CREMATORIUM

Farm home cemetery

Ridrich, Idaho

25d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

June - 15 - 51

REG. REG.

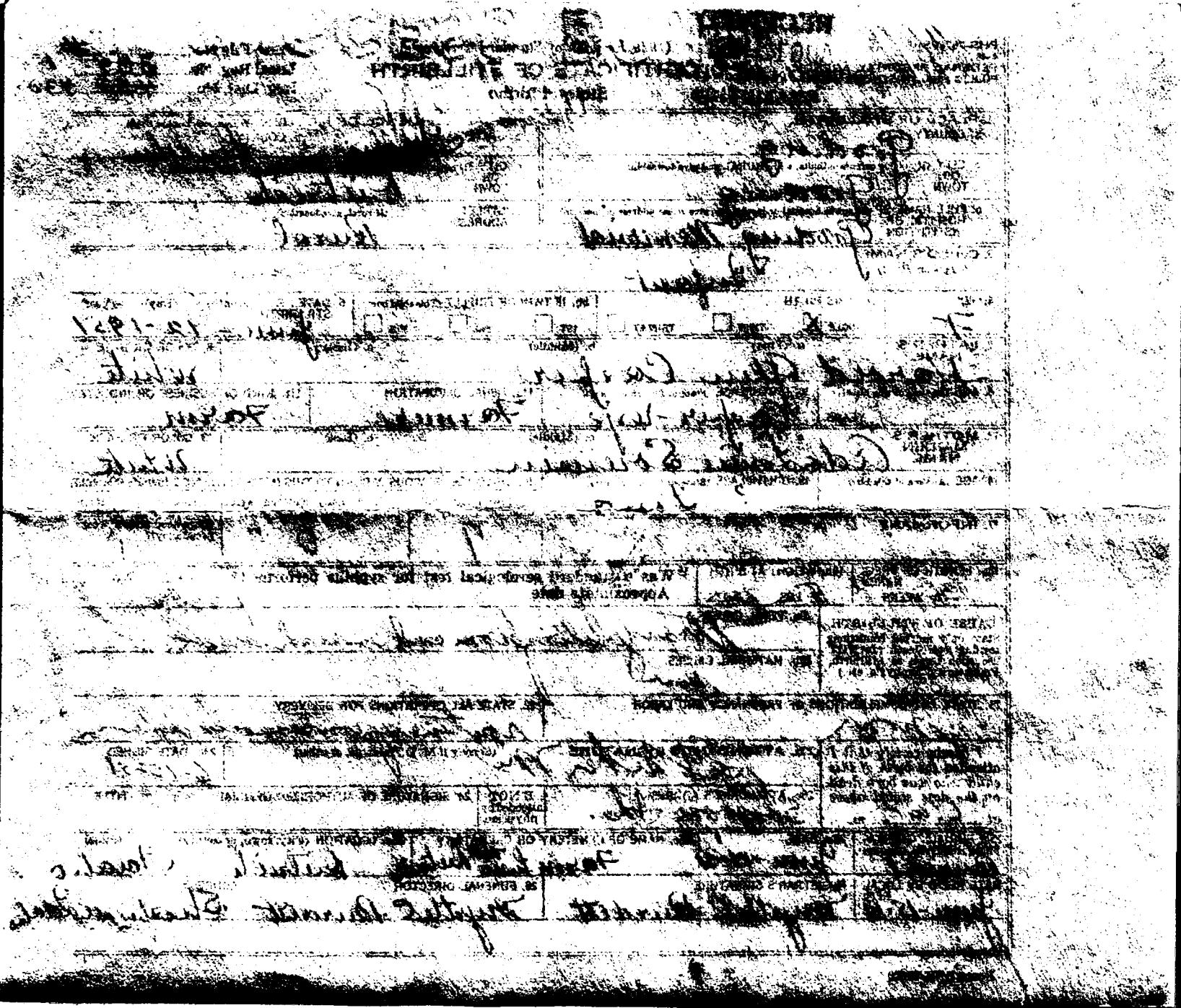
REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

Myrtle C. Purdon

ADDRESS

Shoshone, Idaho



RECEIVED (1949 Revision of Standard Certificate)
AUG 11 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL **State of Idaho**

State File No. 17Local Reg. No. 483Reg. Dist. No. 476**STATISTICS**

1. PLACE OF STILLBIRTH a. COUNTY Gooding	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gooding
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bliss
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gooding Memorial Hospital	d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME

(Type or Print)

REX IVAN PRUETT

4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 19, 1951
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7. FATHER'S NAME Ralph E. Pruett	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE White
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9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Ames, Oregon	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm
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12. MOTHER'S MAIDEN NAME Edith	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE White
--	------------	-------------	-----------	-----------------------------------

14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Glenns Ferry, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None
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17. INFORMANT <i>Ralph E. Pruett</i>	18a. LENGTH OF PREGNANCY WEEKS NANCY	18b. WEIGHT AT BIRTH LBS. Approximate date	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> X 3214
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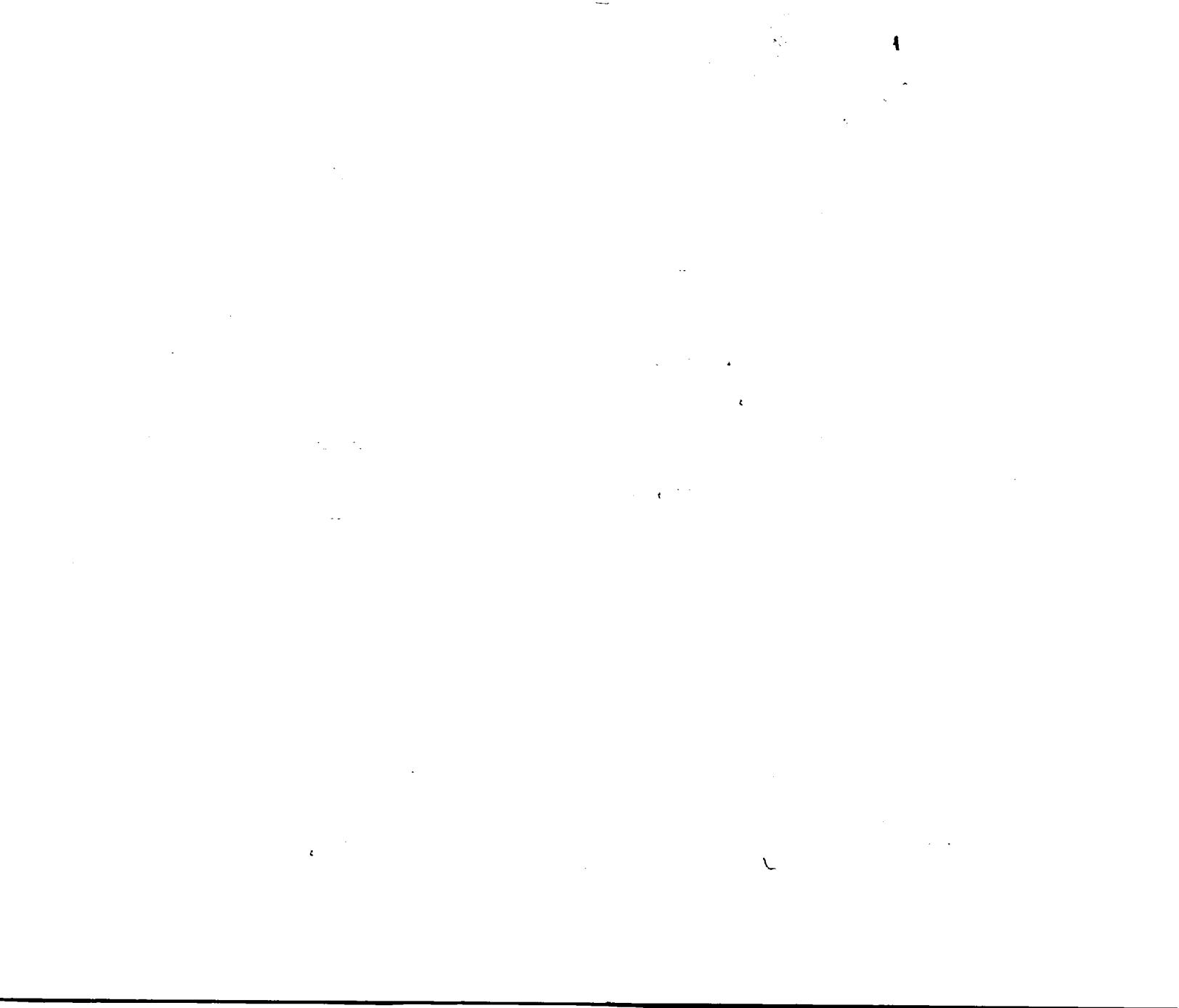
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Pneumonia</i>	20b. MATERNAL CAUSES <i>Pneumonia</i>
--	---------------------------------------	--

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Induced 37 wk</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>
--	--

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE <i>T.E. D. Barrett M.D.</i>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED 7/21/51
--	---	---------------------------------------	------------------------------------

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7/20/51	25c. NAME OF CEMETERY OR CREMATORIAL Elmwood Cemetery	25d. LOCATION (City, town, or county) (State) Gooding, Idaho
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. 6-8-51	REGISTRAR'S SIGNATURE <i>J. D. Cromwell</i>	26. FUNERAL DIRECTOR <i>Geo. Jensen Jr.</i>	ADDRESS THOMPSON CHAPEL GOODING, IDAHO
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AUG 11 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICSCERTIFICATE OF STILLBIRTH
State of IdahoState File No. 18Local Reg. No. 1482Reg. Dist. No. 420

1. PLACE OF STILLBIRTH

a. COUNTY

Gooding

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Gooding

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Gooding Memorial Hospital

3. CHILD'S NAME

(Type or Print)

Infant Girl Mc Gee

4. SEX

5a. THIS BIRTH

Female

SINGLE TWIN TRIPLET 1ST 2ND 3RD 6. DATE OF
STILLBIRTH (Month) (Day) (Year)

July 22, 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

James

J.

Mc Gee

Jr.

White

9. AGE (At time of this birth)

b5 YEARS

10. BIRTHPLACE (State or foreign country)

Penn.

11a. USUAL OCCUPATION

Tech. Sgt.

11b. KIND OF BUSINESS OR INDUSTRY

U.S.A.F.

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Mary

T.

Eckstein

White

14. AGE (At time of this birth)

37 YEARS

15. BIRTHPLACE (State or foreign country)

New Jersey

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

2

None

None

18a. LENGTH OF PREG-
NANCY

37 WEEKS

18b. WEIGHT AT BIRTH

5 LBS. 15 OZS.

19. Was a standard serological test for syphilis performed? Yes No
Approximate date May 10, 1951 Y38.1

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

hydrocephalus, marked
none known

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

episiotomy and repair

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

Eugene W. Boom M.D.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

7/25/51

23c. ATTENDANT'S ADDRESS

Mountain Home, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

7/24/51

25c. NAME OF CEMETERY OR CREMATORIUM

Elmwood Cemetery

25d. LOCATION (City, town, or county)

Gooding, Idaho

(State)

DATE REC'D BY LOCAL
REG.

8-6-51

REGISTRAR'S SIGNATURE

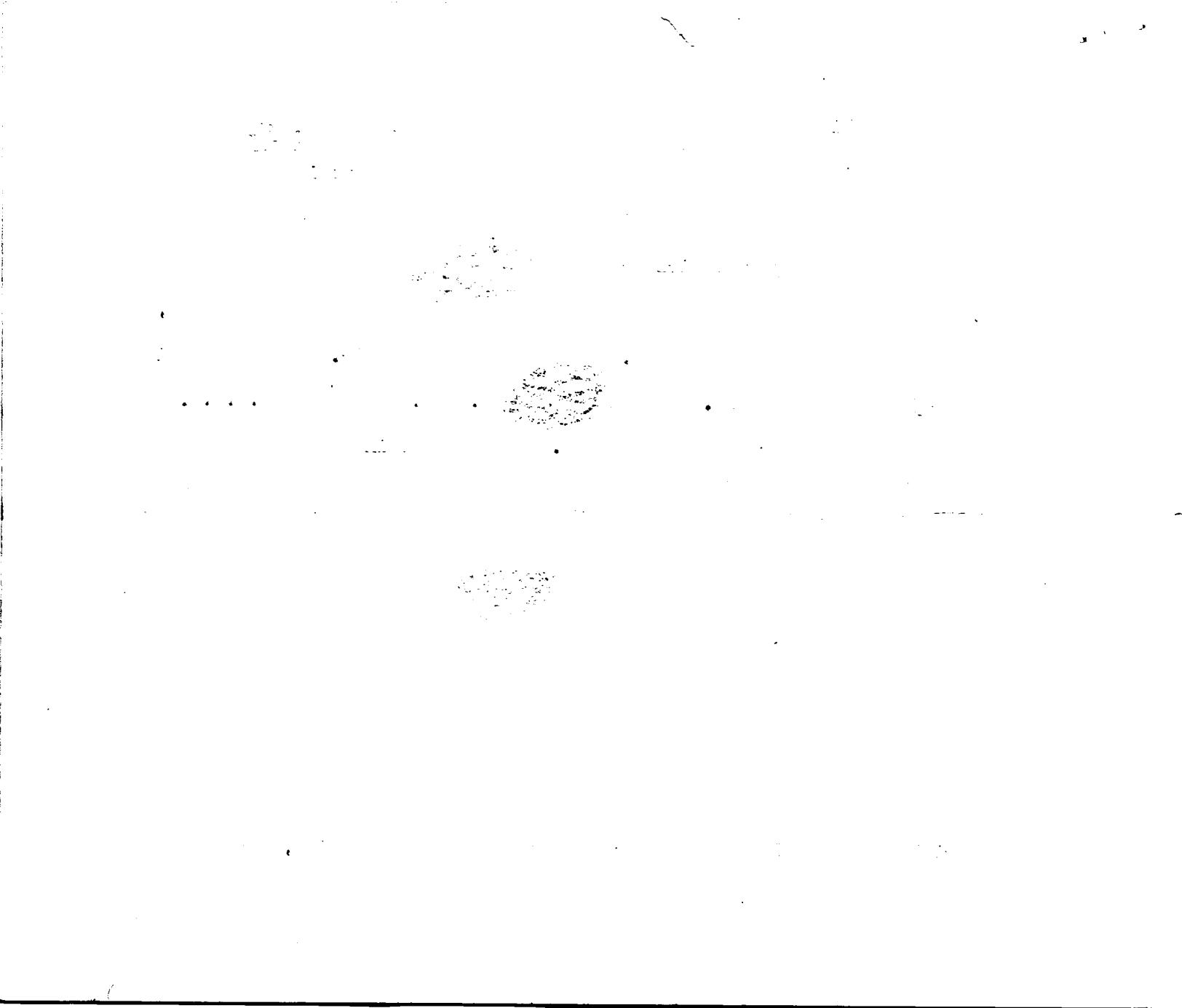
J.H. Cromwell

26. FUNERAL DIRECTOR

Geo. Jeread Jr.

ADDRESS

THOMPSON CHAPEL
GOODING, IDAHO



**RECEIVED
JUL 20 1951**

1949 Revision of Standard Certificate

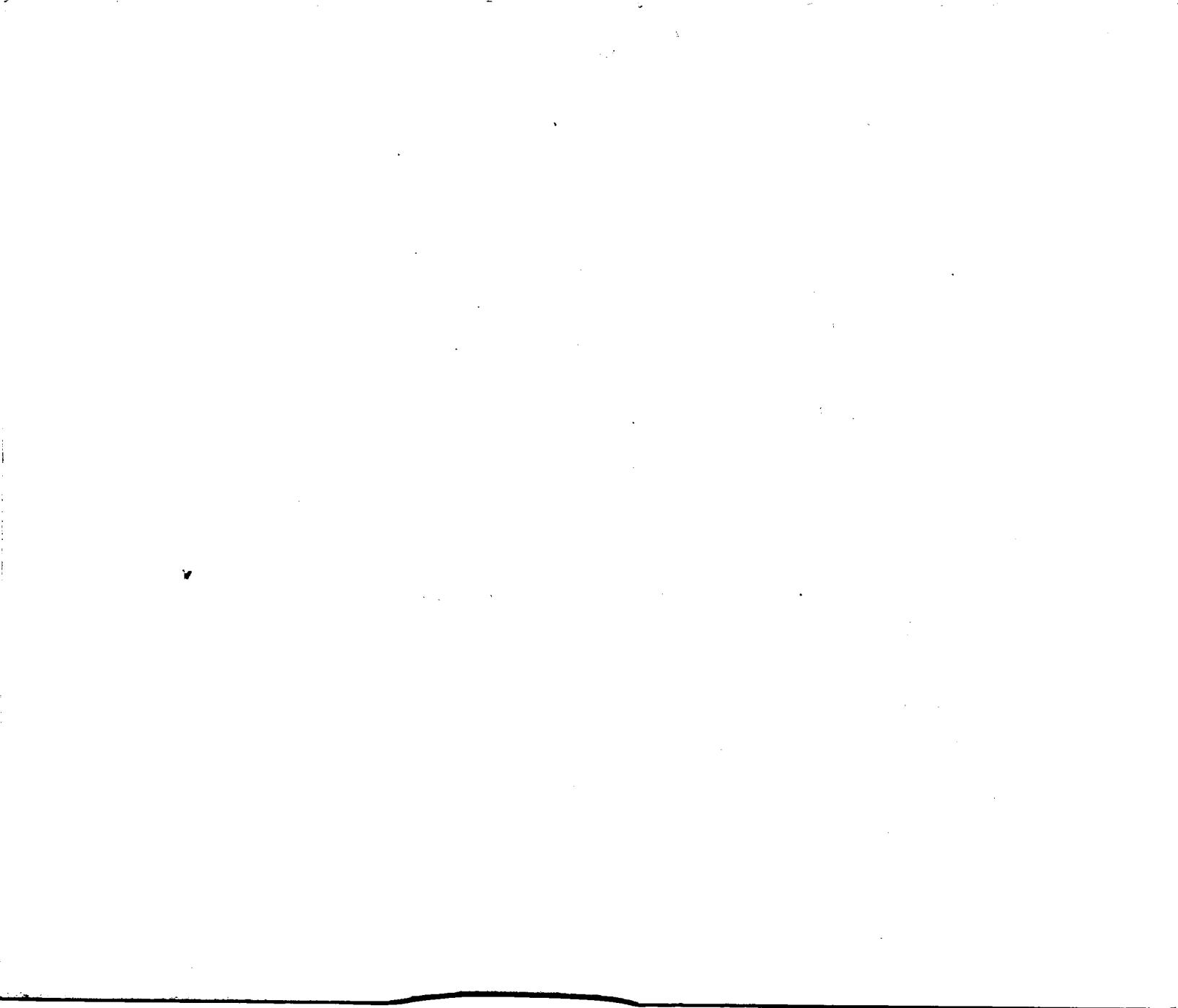
DIVISION OF VITAL STATISTICS CERTIFICATE OF STILLBIRTH

State of Idaho

C. 13. Rigby

State File No. 113
 Local Reg. No. /
 Reg. Dist. No. 640

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Jefferson		a. STATE Idaho.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby		b. COUNTY Jefferson	
c. FULL NAME (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hendricks Maternity Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thornton Rte. #1	
d. STREET ADDRESS (If rural, give location)		d. STREET ADDRESS (If rural, give location)	
e. ZIP CODE		e. ZIP CODE	
3. CHILD'S NAME (Type or Print)		BABY TANNER	
4. SEX Male	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 14, 1951
7. FATHER'S NAME	a. (First) Sanford b. (Middle) Louder c. (Last) Tanner	8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Chester, Idaho.	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME Nellie M.	b. (Middle) Roth	c. (Last)	13. COLOR OR RACE White
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Calif.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT Sanford S. Tanner	a. How many children are now living? 5	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7-6-51	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES Prematurity - 5 Mo Gestation Premature spontaneous rupture of membranes	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE C. B. Rigby M. D. (Specify if M. D., midwife, or other)	
		23b. DATE SIGNED 7-16-51	
23c. ATTENDANT'S ADDRESS Rigby, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		25b. DATE 7/14/51	
		25c. NAME OF CEMETERY OR CREMATORIAL Eckersell's	
		25d. LOCATION (City, town, or county) (State) Rigby, Idaho	
DATE REC'D BY LOCAL REG. 7/18/51		REGISTRAR'S SIGNATURE Mrs. A. B. C. E. C. E. basell	
		26. FUNERAL DIRECTOR ADDRESS Rigby, Idaho	



RECEIVED 1949 Revision of Standard Certificate

CERTIFICATE OF STILLBIRTH

AUG 6 1951 DIVISION OF VITAL State of Idaho

State File No. 120

Local Reg. No. 8

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH		STATE		Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	a. STATE		Wash.		b. COUNTY	King	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		Coeur d' Alene		Seattle		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	c. STREET ADDRESS		Lake City General Hospital		Unknown		(If rural, give location)
3. CHILD'S NAME (Type or Print) Baby Boy Hall							
4. SEX	5a. THIS BIRTH		5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF STILLBIRTH (Month) (Day) (Year)		
Male	SINGLE <input checked="" type="checkbox"/>	TWIN <input type="checkbox"/>	TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	July 25, 1951
7. FATHER'S NAME	a. (First)		b. (Middle)		c. (Last)		8. COLOR OR RACE
	Dean				Hall		White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		
28 YEARS	Colville, Wash.		Salesman		Wilson Brothers		
12. MOTHER'S MAIDEN NAME	a. (First)		b. (Middle)		c. (Last)		13. COLOR OR RACE
	Mary		Claire		Roche		White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)				
26 YEARS	Lewiston, Idaho		a. How many children are now living?		b. How many children were born alive but are now dead?		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT	mr. Dean Hall Seattle, Wash.		Two		None		None
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 1951		y 36.2		
1. State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature placental separation					
		20b. MATERNAL CAUSES					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR uterine bleeding							
22. STATE ALL OPERATIONS FOR DELIVERY none							
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.				23a. ATTENDANT'S SIGNATURE		Specify if M. D., midwife or other	
				<i>Charles J. Hall</i>		23b. DATE SIGNED 7-26-51	
				23c. ATTENDANT'S ADDRESS Coeur d' Alene		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE 7/26/51		25c. NAME OF CEMETERY OR CREMATORIAL St. Thomas Cemetery		25d. LOCATION (City, town, or county) Coeur d' Alene, Idaho (State)	
DATE REC'D BY LOCAL REG. 7-26-51		REGISTRAR'S SIGNATURE Lorraine K. Bush		26. FUNERAL DIRECTOR <i>J. H. Pilinger Jr.</i>		ADDRESS Coeur d' Alene Idaho	

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AUG 10 1951 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

STILLBIRTH

State File No. 131

Local Reg. No. 30

Reg. Dist. No. 30

1. PLACE OF STILLBIRTH

a. COUNTY

Madison

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Rexburg

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Rexburg Maternity Hosp.

3. CHILD'S NAME

(Type or Print)

Baby.

Lewis

4. SEX

Male

5a. THIS BIRTH

 SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD6. DATE OF
STILLBIRTH (Month) (Day) (Year)

July 19 1957

7. FATHER'S
NAME

a. (First)

Jack

b. (Middle)

H.

c. (Last)

Lewis

7. COLOR OR RACE

White

9. AGE (At time of this birth)

40
YEARS

10. BIRTHPLACE (State or foreign country)

Rexburg Idaho

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

Own Farm

12. MOTHER'S
MAIDEN
NAME

a. (First)

Roya

b. (Middle)

c. (Last)

Zollinger

13. COLOR OR RACE

White

14. AGE (At time of this birth)

36
YEARS

15. BIRTHPLACE (State or foreign country)

Rexburg Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT include this child)

a. How many children are now living? 4
b. How many children were born alive but are now dead? 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Mr + Mrs. Jack H. Lewis

18a. LENGTH OF PREG-

NANCY
37
WEEKS

18b. WEIGHT AT BIRTH

5
LBS. 13 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

y 36.0

20a. FETAL CAUSES

Cord wrapped around feet Circulation Stopped

20b. MATERNAL CAUSES

None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I

attended the birth of this
child who was born dead
on the date stated above

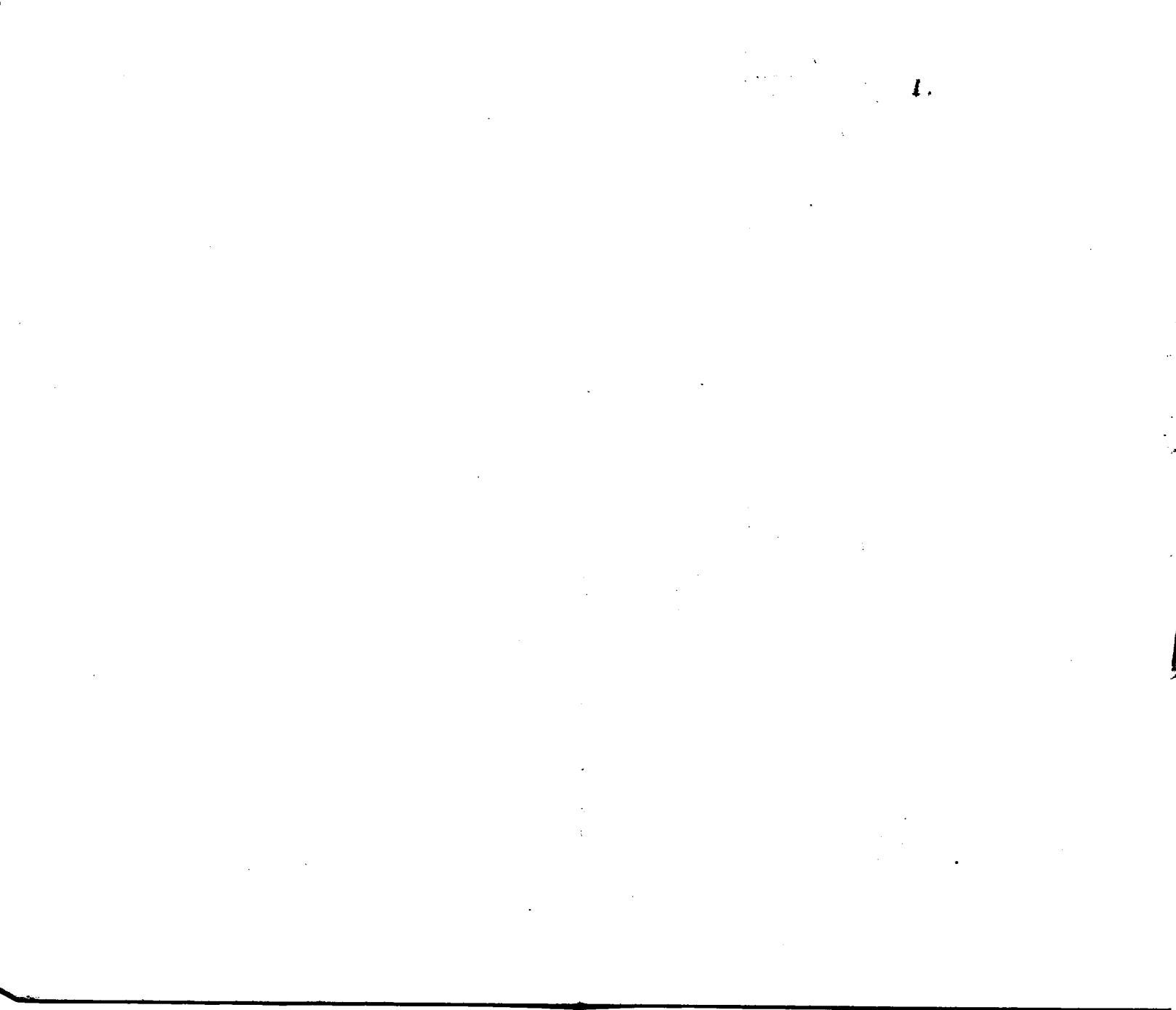
at m.

(Specify if M. D., midwife, or other)

23a. ATTENDANT'S SIGNATURE

M. J. Rigby MD

DATE SIGNED July 19/1951



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY ADMINISTRATION
PUBLIC HEALTH SERVICE

JUL 9 1951 (1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS

State of Idaho

State File No. 122

Local Reg. No. 126

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY NezPerce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		b. COUNTY NezPerce	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
d. STREET ADDRESS Rt. 2, Box 635-A		(If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Miller			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 2, 1951
7. FATHER'S NAME Thomas	a. (First) b. (Middle) c. (Last) Parker	8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Long Pine, Nebraska	11a. USUAL OCCUPATION Insulation	11b. KIND OF BUSINESS OR INDUSTRY Insulation (Building)
12. MOTHER'S MAIDEN NAME Sibyl	a. (First) b. (Middle) c. (Last) Edith	13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 6 1 None.	
17. INFORMANT Thomas P. Miller.	18b. WEIGHT AT BIRTH LBS. OZS. Unknown		
18a. LENGTH OF PREG. NANCY 35 WEEKS	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7/39.6		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Unknown		
	20b. MATERNAL CAUSES Unknown		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:57 A.M.		23a. ATTENDANT'S SIGNATURE O. M. Mackay, M.D.	(Specify if M.D., midwife, or other) 7/2/51
		23c. ATTENDANT'S ADDRESS Burial	23b. DATE SIGNED TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 3, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 7/2/51	REGISTRAR'S SIGNATURE Ruth J. Darwin	26. FUNERAL DIRECTOR By-	Brower-Wann Co., ADDRESS Lewiston, Idaho

THE 21st MEETING OF THE STAFF COMMITTEE ON THE PRACTICE OF MEDICINE

RECEIVED

23 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 138Reg. Dist. No. 2-20

123

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Nez Perce	b. STATE Idaho	a. COUNTY Nez Perce	b. STATE Idaho
b. CITY (If outside corporate limits, write RURAL and give township) Lewiston	c. CITY (If outside corporate limits, write RURAL and give township) Lewiston	c. STREET ADDRESS (If rural, give location) 802 9th Ave	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph Hospital	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME (Type or Print) DAVID PAUL SCHEIRMAN			
4. SEX Male	5a. THIS BIRTH SINGLE X	5b. IF TWIN OR TRIPLET (This child born) 1ST	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 14, 1951
7. FATHER'S NAME Henry	a. (First) Theodore	b. (Middle)	c. (Last) Scheirman
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) St. Maries, Idaho	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Mary	a. (First) Ellen	b. (Middle)	c. (Last) Follett
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) MOSCOW, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT <i>Henry J. Scheirman</i>	18a. LENGTH OF PREG. NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... Approximate date <i>39.6</i>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Undetermined</i> 20b. MATERNAL CAUSES <i>Undetermined</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>5:40 p.m.</i>	23a. ATTENDANT'S SIGNATURE <i>Drs. Pierce M.D.</i>		23b. DATE SIGNED <i>7/16/51</i>
23c. ATTENDANT'S ADDRESS <i>Normal Hill Cemetery</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Kenneth H. Malcom</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 19, 1951	25c. NAME OF CEMETERY OR CREMATORIUM Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. <i>7/17/51</i>	REGISTRAR'S SIGNATURE <i>Ruth J. Darwin</i>	26. FUNERAL DIRECTOR By- <i>Brower-Wann</i>	ADDRESS Lewiston, Idaho

This image shows a severely damaged document, possibly from a ledger or financial record. The paper is heavily stained with dark marks, likely from water or oil. Faint, illegible text is scattered across the page, appearing as small dots and smudges. Some words like 'RECEIVED' and 'CASH' are partially legible but do not form a coherent sentence. The overall appearance is that of a destroyed or heavily processed document.

RECEIVED

44-231951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL**State of Idaho**

State File No.

Local Reg. No. 139

Reg. Dist. No. 220

DEATHNOTES**1. PLACE OF STILLBIRTH**

a. COUNTY

NezPerce

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Lewistonc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION St Joseph Hospital**3. CHILD'S NAME**

(Type or Print)

Baby Girl Alligier

4. SEX

Female

5a. THIS BIRTHSINGLE TWIN TRIPLET **5b. IF TWIN OR TRIPLET (This child born)**1ST 2ND 3RD **6. DATE OF**

STILLBIRTH

(Month) (Day) (Year)

July 17, 1951

7. FATHER'S
NAME

a. (First)

Howard L. Alligier

b. (Middle)

c. (Last)

8. COLOR OR RACE
White**9. AGE (At time of this birth)**

34

YEARS

10. BIRTHPLACE (State or foreign country)

Spalding, Idaho

11a. USUAL OCCUPATION

Dispatcher

11b. KIND OF BUSINESS OR INDUSTRY

Camas Prairie R.R.

12. MOTHER'S
MAIDEN
NAME

a. (First)

Loretta M. Hall

b. (Middle)

c. (Last)

13. COLOR OR RACE
White**14. AGE (At time of this birth)**

27

YEARS

15. BIRTHPLACE (State or foreign country)

Stites, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

None

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

None

17. INFORMANT

Howard L Alligier

18a. LENGTH OF PREG-
NANCY
WEEKS**18b. WEIGHT AT BIRTH**

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
y 39.2CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)**20a. FETAL CAUSES**

Easy thickening

20b. MATERNAL CAUSES

R.H. Neg - blocking left side 128

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR**22. STATE ALL OPERATIONS FOR DELIVERY**

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:29 p.m.

23a. ATTENDANT'S SIGNATURE

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

7/18/51

TITLE

23c. ATTENDANT'S ADDRESS

If not attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL**25a. BURIAL, CREMATION, REMOVAL (Specify)**

Burial

25b. DATE

July 19, 1951

25c. NAME OF CEMETERY OR CREMATORIUM

Normal Hill Cemetery

25d. LOCATION (City, town, or county)

Lewiston, Idaho

(State)

DATE REC'D BY LOCAL REG.**REGISTRAR'S SIGNATURE**

7/18/51

Ruth J. Darwin

26. FUNERAL DIRECTOR/BROWER-WANN CO ADDRESS Lewiston,

By K-16. Malone Idaho



RECE

(1949 Revision of Standard Certificate)

AUG 3 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

125

Local Reg. No.

18

Reg. Dist. No.

3/0

DIVISION OF

1. PLACE OF STILLBIRTH

a. COUNTY

Valley

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Cascade

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Valley County Hospital

3. CHILD'S NAME

(Type or Print)

Royal Baby Williams

4. SEX

M

5a. THIS BIRTH

TWIN TRIPLET 1ST 2ND 3RD 6. DATE OF
STILLBIRTH(Month) (Day) (Year)
July 25 19517. FATHER'S
NAME

a. (First)

b. (Middle)

Jack J

c. (Last)

Williams

8. COLOR OR RACE

W

9. AGE (At time of this birth)

24

YEARS

10. BIRTHPLACE (State or foreign country)

Pollock Idaho

11a. USUAL OCCUPATION

Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY

Trucking

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

Viola E

c. (Last)

Cancer

13. COLOR OR RACE

W

14. AGE (At time of this birth)

21

YEARS

15. BIRTHPLACE (State or foreign country)

Horseshoe Bend Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

0

/

17. INFORMANT

Jack Williams

18a. LENGTH OF PREG-

NANCY
26
WEEKS

18b. WEIGHT AT BIRTH

2

LBS. 9
OZS.

19. Was a standard serological test for syphilis performed?

Yes No

Approximate date

March 1951

y 36.2

20a. FETAL CAUSES

CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Abruptio placentae with premature labor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Abruptio Placentae

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

Stanley G. Parker M.D.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

July 51

23c. ATTENDANT'S ADDRESS

Cascade, Idaho

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

25b. DATE

July 27 1951

25c. NAME OF CEMETERY OR CREMATORIAL

25d. LOCATION (City, town, or county)

Cascade Idaho

DATE REC'D BY LOCAL

REG

July 27 1951

REGISTRAR'S SIGNATURE

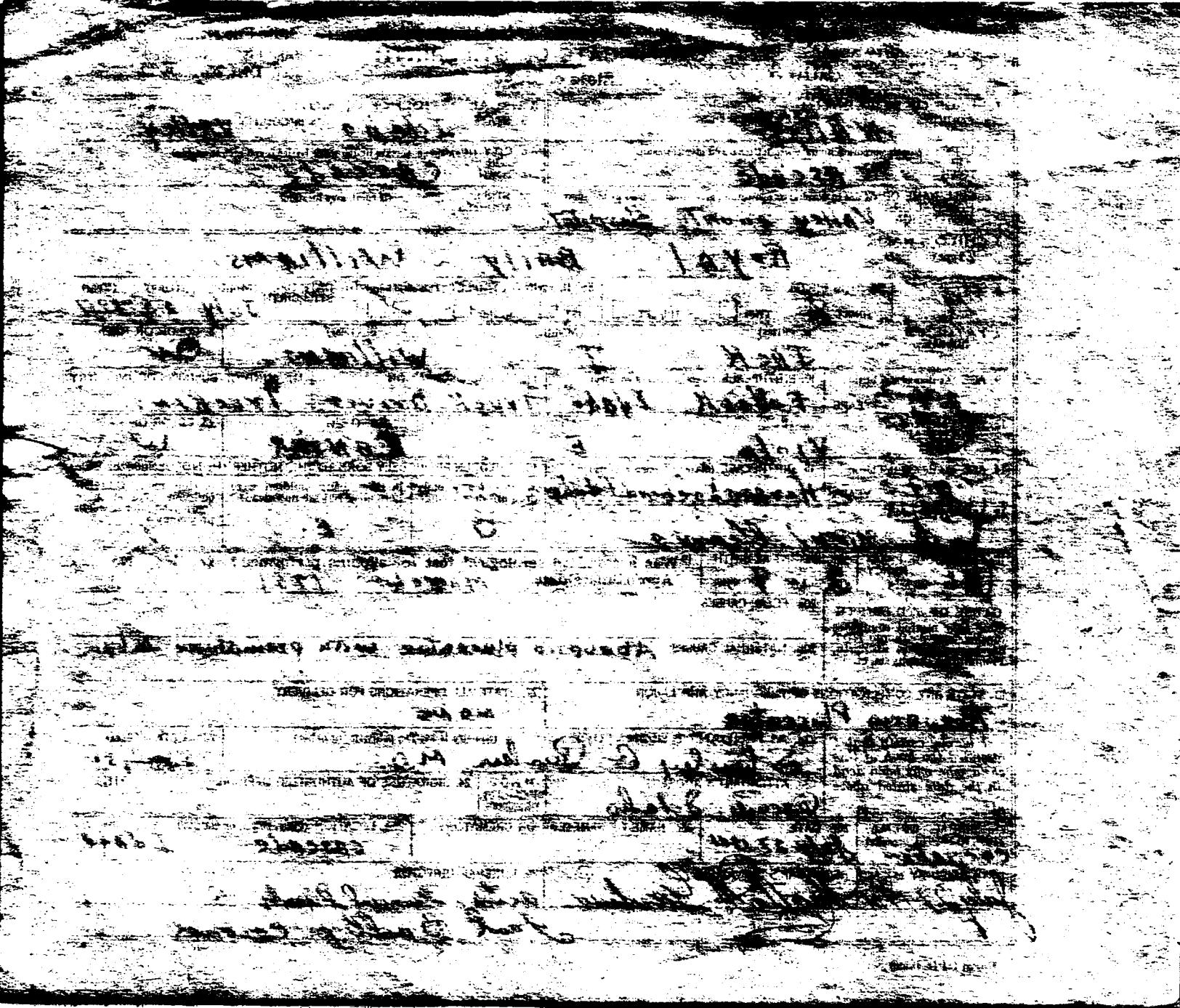
Marilyn G. Gardner

26. FUNERAL DIRECTOR

ADDRESS

acting Funeral Director

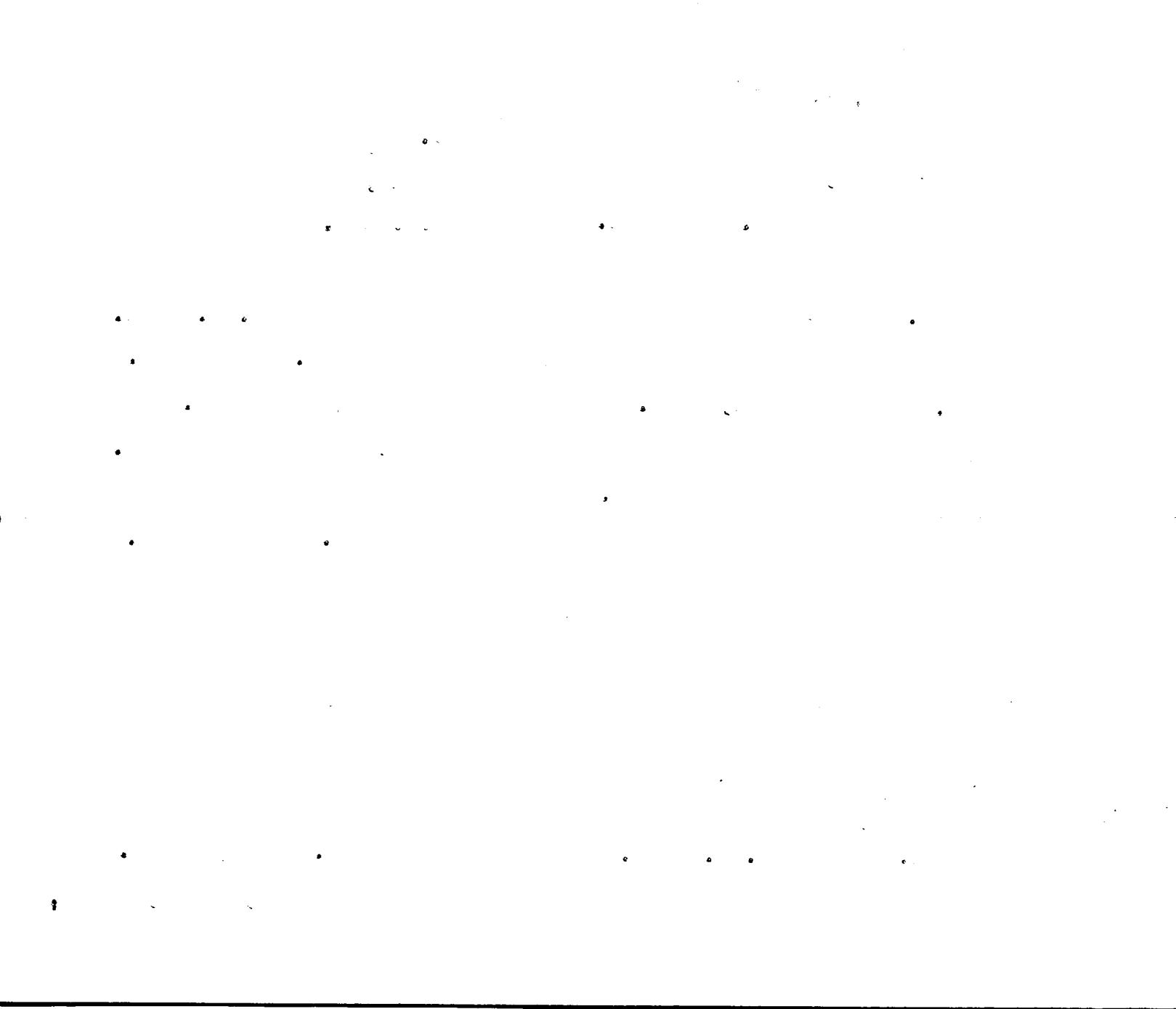
Jack Bradley coroner



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
AUG 16 1951 **State of Idaho**

State File No. 126
Local Reg. No. 293
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Ada	a. STATE	Idaho.
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Boise,	b. COUNTY	Ada
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St Lukes Hospital.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Eagle.
d. STREET ADDRESS	(If rural, give location)		
3. CHILD'S NAME (Type or Print)	MARY ANN MORLEY.		
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female.	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	August, 6. 1951.
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
	Robert	Wilford	Morley.
8. COLOR OR RACE	White.		
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
11 years	Moroni, Utah.	Farmer	Farming.
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Ruth	Virginia	Rhodes.
13. COLOR OR RACE	White.		
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
15 years	Hebron Nebraska.	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
<i>Robert Wilford Morley RT & Pagle</i>	None.		
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
36 weeks		Yes..... No..... y 30.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>none</i>		
	20b. MATERNAL CAUSES <i>diabetes</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>diabetes</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Episiotomy</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Erne Reynolds</i> (Specify if M. D., midwife, or other)	
		23b. ATTENDANT'S ADDRESS <i>Box 1000</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Erne Reynolds</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		25b. DATE August. 7. 1951.	25c. NAME OF CEMETERY OR CREMATORIAL Morris Hill Cemetery. Boise, Idaho.
DATE REC'D BY LOCAL REG.		26. FUNERAL DIRECTOR Myrtle Palmer ADDRESS Summers Funeral Home, Boise, Idaho.	
		<i>Clyde E Summers</i>	



RECEIVED
CERTIFICATE OF STILLBIRTH
AUG 28 1951 State of Idaho

State File No. 127

Local Reg. No. 307

Reg. Dist. No. 370

DIVISION OF VITAL
STATISTICS

1. PLACE OF STILLBIRTH

a. COUNTY Ada

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Boise.c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION St Alphonsus Hospital.

3. CHILD'S NAME

(Type or Print)

BABY BOY HONAN.

4. SEX

5a. THIS BIRTH

Male.

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF (Month) (Day) (Year)

STILLBIRTH August, 17, 1951.

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Donald

Francis

Honan.

White.

9. AGE (At time of this birth)

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

25

YEARS

Fruitland, Idaho.

Boise Police Department.

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Ola

Jo

Ferrell.

White.

14. AGE (At time of this birth)

15. BIRTHPLACE (State or foreign country)

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

19

YEARS

Arkansas.

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

0

17. INFORMANT

Donald

1310 1/2 Broadway

18. LENGTH OF PREG-

NANCY

28

WEEKS

18b. WEIGHT AT BIRTH

4 LBS.

19 Was a standard serological test for syphilis performed? Yes No

OZS.

Approximate date

y36.2

20a. FETAL CAUSES

none

20b. MATERNAL CAUSES

Premature separation of Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Premature separation of Placenta

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I

attended the birth of this

child who was born dead

on the date stated above

at 4:30 p.m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

22 Aug 51

23c. ATTENDANT'S ADDRESS

Dewart Merrill

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

Burial.

25a. BURIAL, CREMA-

TION, REMOVAL (Specify)

Burial.

25b. DATE

Aug. 18, 1951.

25c. NAME OF CEMETERY OR CREMATORIAL

25d. LOCATION (City, town, or county) (State)

Morris Hill Cemetery. Boise, Idaho.

DATE REC'D BY LOCAL REG.

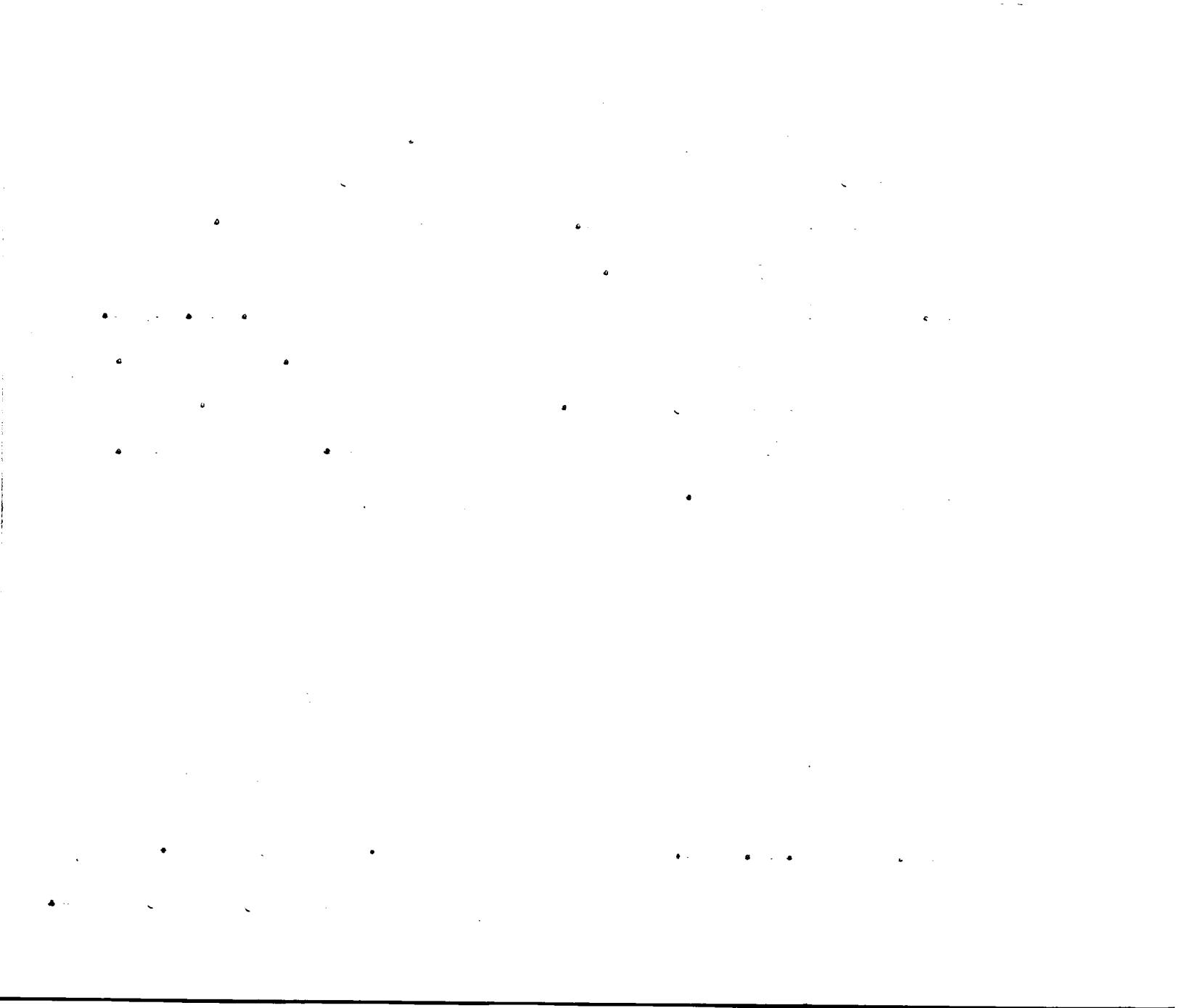
REGISTRAR'S SIGNATURE

Myrtle Palmer

26. FUNERAL DIRECTOR

ADDRESS

Summers Funeral Home, Boise, Idaho.

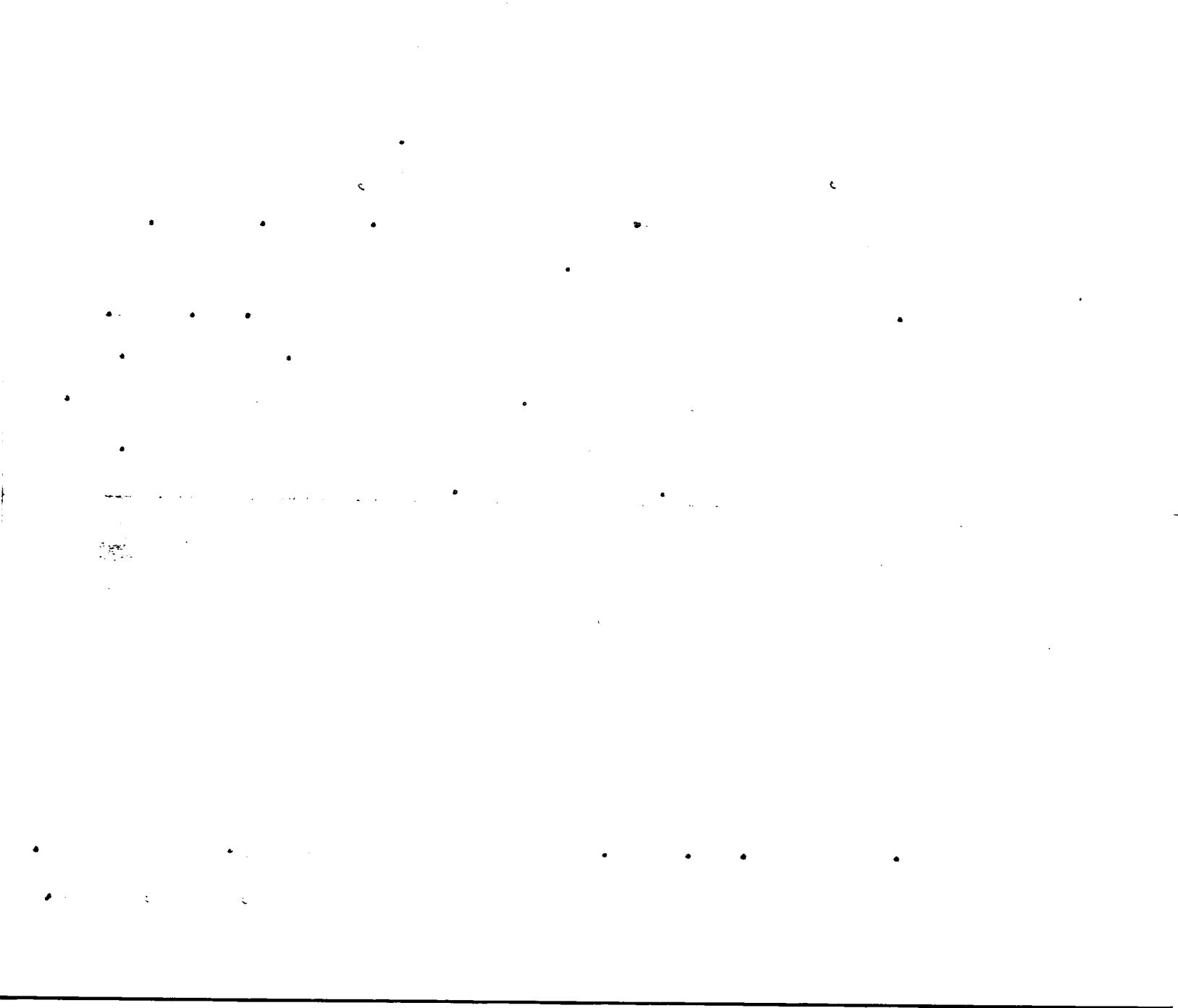


RECEIVED

SEP 10 1951

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of IdahoState File No. 128
Local Reg. No. 320
Reg. Dist. No. 70**DIVISION OF VITAL**

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho. b. COUNTY Ada.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise.	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Lukes Hospital.		d. STREET ADDRESS (If rural, give location) 1625. Broxon. Street.	
3. CHILD'S NAME (Type or Print) BABY GIRL LOCKHART.			
4. SEX Female.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH August. 26. 1951.
7. FATHER'S NAME	a. (First) Gordon	b. (Middle) Elwood	c. (Last) Lockhart.
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Thorton, Washington.	11a. USUAL OCCUPATION Order Checker	11b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery.
12. MOTHER'S MAIDEN NAME Flora	a. (First) b. (Middle) Lee	c. (Last) Smith/	13. COLOR OR RACE White.
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Huntington, West Virginia	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT 1625 Broxey St. Boise, Idaho Gordon Elwood Lockhart			
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Approximate date	Yes...! No..... 3-30-51 ✓ 39.2
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Prematurity		
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Rh incompatibility		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE G. James	
		(Specify if M. D., midwife, or other)	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial.		25b. DATE August. 28. 1951.	25c. NAME OF CEMETERY OR CREMATORIAL Cloverdale Memorial Park. Boise, Idaho.
DATE REC'D BY LOCAL REG. 9-7-51		REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR ADDRESS Clyde L. Sussermeier, Boise, Idaho.



CERTIFICATE OF STILLBIRTH
State of Idaho

AUG 31 1949 Revision of Standard Certificate)

State File No.

Local Reg. No.

Reg. Dist. No.

129

1. PLACE OF STILLBIRTH

a. COUNTY

Bannock

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Pocatello

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Anthony Mercy Hospital

3. CHILD'S NAME

(Type or Print)

Carol Kay Remer

4. SEX

female

5a. THIS BIRTH

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF
STILLBIRTH

7

26

51

**7. FATHER'S
NAME**

a. (First)

William

b. (Middle)

Arthur

c. (Last)

Remer

8. COLOR OR RACE

white

9. AGE (At time of this birth)

32

YEARS

10. BIRTHPLACE (State or foreign country)

Cambridge, Ohio

11a. USUAL OCCUPATION

Swithhman

11b. KIND OF BUSINESS OR INDUSTRY

U.P.R.R.

**12. MOTHER'S
MAIDEN
NAME**

a. (First)

Elvira

b. (Middle)

c. (Last)

13. COLOR OR RACE

white

14. AGE (At time of this birth)

33

YEARS

15. BIRTHPLACE (State or foreign country)

Fayette, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

W.A. Remer

father

7

0

0

18a. LENGTH OF PREG-

35

WEEKS

18b. WEIGHT AT BIRTH

5

LBS.

8

OZS.

19. Was a standard serological test for syphilis performed?

Yes.....No.....

y 36.2

Approximate date

20a. CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

Premature separation from placenta.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:23 a.m.

23a. ATTENDANT'S SIGNATURE

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

8-9-51

23c. ATTENDANT'S ADDRESS

Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

**25a. BURIAL, CREMA-
TION, REMOVAL (Body)**

Burial

25b. DATE

July 28-51

25c. NAME OF CEMETERY OR CREMATORIUM

Mountain View

25d. LOCATION (City, town, or county)

Pocatello

(State)

Idaho

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

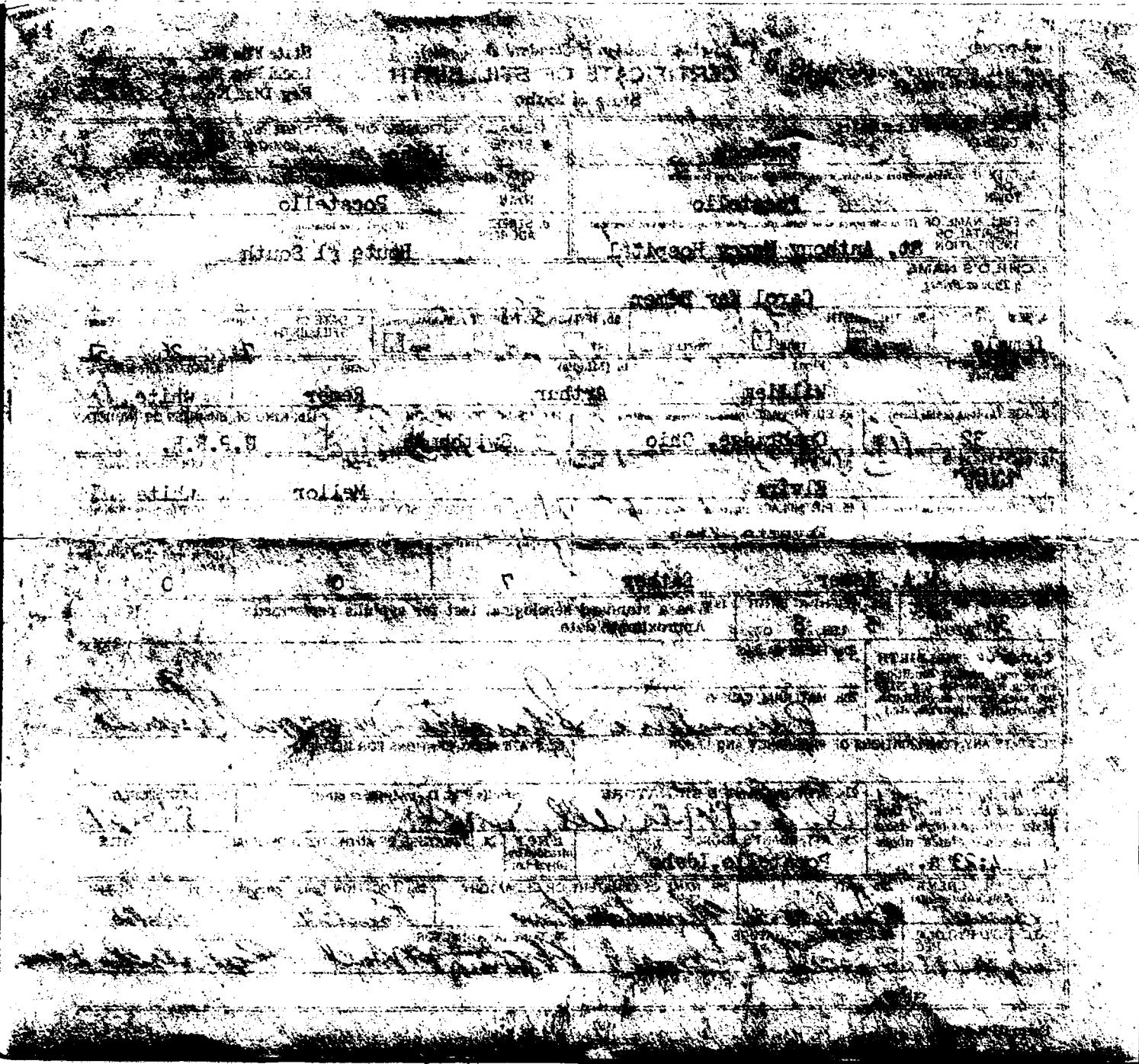
Jessie L. Powell

26. FUNERAL DIRECTOR

John Marshall

ADDRESS

Pocatello, Idaho



PHS-797(VS) 446
4-48FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

(1949 Revision of Standard Certificate)

AUG 24 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

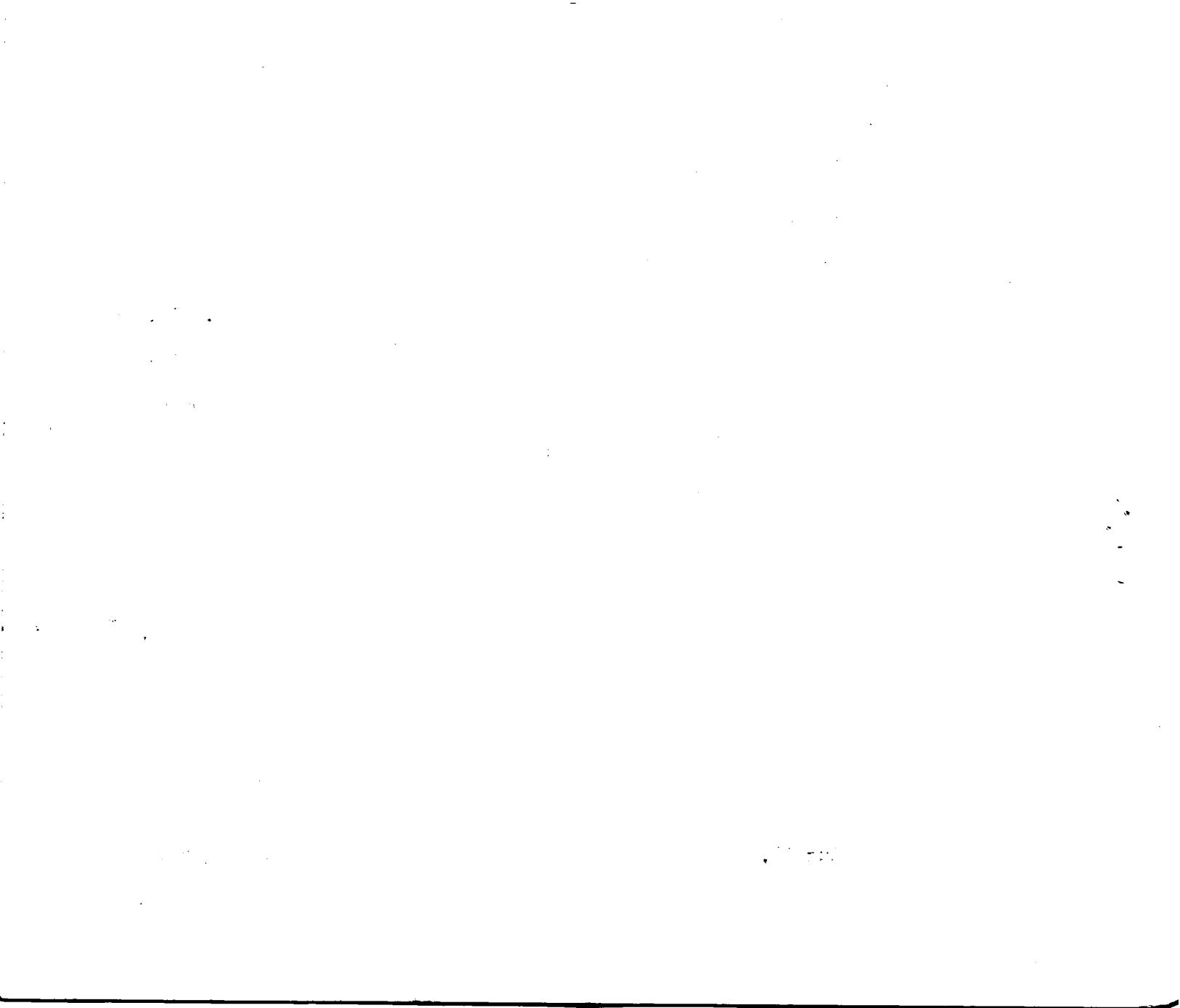
STAT.

State File No. 120

Local Reg. No. 388

Reg. Dist. No. 600

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bingham	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Rural Route #3 Blackfoot	b. COUNTY	Bingham
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Bingham Memorial Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Rural Route #3 Blackfoot
d. STREET ADDRESS	(If rural, give location) Route #3		
3. CHILD'S NAME (Type or Print)			
Jolyn Hofer			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Aug. 17, 1951
7. FATHER'S NAME	a. (First) Orson	b. (Middle) Charles	c. (Last) Hofer
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Blackfoot, Idaho	Time-Keeper	Bingham Cooperative
12. MOTHER'S MAIDEN NAME	a. (First) Ramona	b. (Middle) Artella	c. (Last) McBride
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
22 YEARS	Twin Falls, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
Ramona Hofer		none	none
18a. LENGTH OF PREG-	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
NANCY 38 WEEKS	LBS. OZS. Approximate date	y 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Knot in umbilical cord</i>		
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:25 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other)	
		<i>Bonnell Parker</i> 21-1	
23b. ATTENDANT'S ADDRESS		23b. DATE SIGNED 8.17.51	
		TITLE	
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county) (State)
Burial	Aug 17, 1951	Grove City Cemetery	Blackfoot, Bingham, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Aug 17, 1951	<i>Mrs. Valer E. Parker</i>	<i>Blackfoot</i>	Blackfoot, Idaho

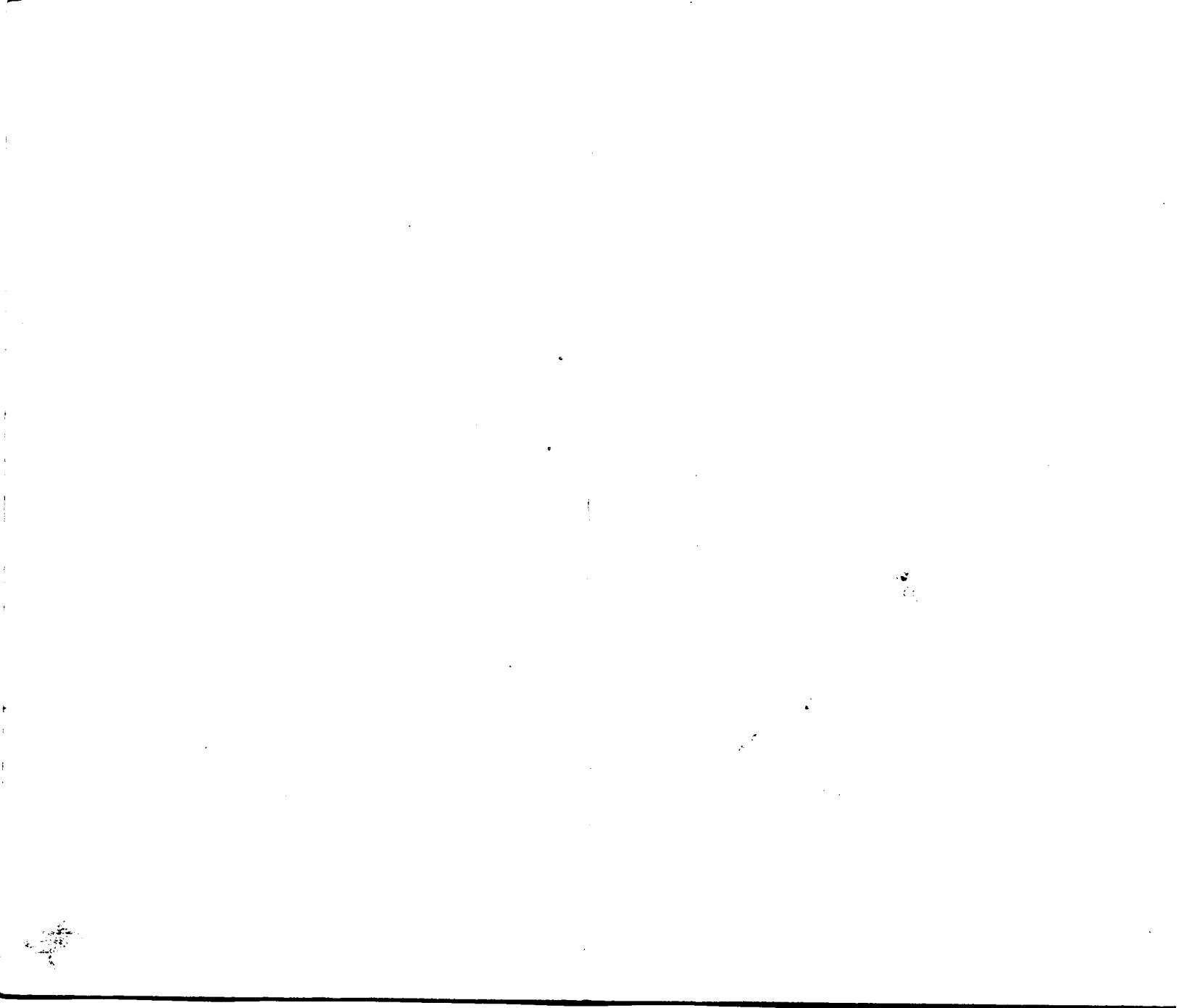


CERTIFICATE OF STILLBIRTH

RECEIVED
State of Idaho

State File No. 121
Local Reg. No. 178
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. COUNTY	Bonneville DIVISION OF VITAL STATISTICS		a. STATE Idaho b. COUNTY Bingham		
b. CITY (If outside corporate limits, write RURAL and give township or town)	Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township or town)		
HOSPITAL OR INSTITUTION	Sacred Heart Hospital		Shelley		
		d. STREET ADDRESS (If rural, give location)			
3. CHILD'S NAME (Type or Print)		PATRICK DENNIS Mc CANDLESS			
4. SEX	5a. THIS BIRTH		5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)	
Male	SINGLE <input checked="" type="checkbox"/>	TWIN <input type="checkbox"/>	TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> June 17 1951	
7. FATHER'S NAME	a. (First) George		b. (Middle) C.	c. (Last) McCandless	8. COLOR OR RACE White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
30 YEARS	Idaho		Telegrapher	Railroad	
12. MOTHER'S MAIDEN NAME	a. (First) Nellie		b. (Middle) G.	c. (Last) Henderson	13. COLOR OR RACE White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
27 YEARS	Idaho		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT	George C. McCandless		None	None	None
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. O OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date y39.6			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>none determined</i>				
20b. MATERNAL CAUSES <i>none</i>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>			22. STATE ALL OPERATIONS FOR DELIVERY <i>Low breeches - Easy delivery</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.			23a. ATTENDANT'S SIGNATURE <i>NB Siegel Jr. MD</i>		23b. DATE SIGNED
			(Specify if M. D., midwife, or other)		
23c. ATTENDANT'S ADDRESS <i>Idaho Falls</i>			24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician		TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county)		(State)
Burial	June 18, 1951	Fielding Memorial Park	Bonneville County		Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Anna Budgen</i>		26. FUNERAL DIRECTOR <i>Orland G. Beck</i>	ADDRESS <i>Idaho Falls, Idaho</i>	



RECEIVED (1949 Revision of Standard Certificate)
AUG 20 1951
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 132
Local Reg. No. 29
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH STATE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Canyon</u>	b. STATE <u>Idaho</u>	c. COUNTY <u>Canyon</u>	d. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN Caldwell</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN Caldwell</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN Caldwell</u>	d. STREET ADDRESS (If rural, give location) <u>524 N. 13th St.</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Caldwell Memorial Hospital</u>			

3. CHILD'S NAME
(Type or Print)Baby girl Shaw

4. SEX <u>Female</u>	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH <u>Aug. 15 - 1951</u>
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7. FATHER'S NAME <u>Jabe</u>	a. (First) <u>Thomas</u>	b. (Middle) <u>Shaw</u>	c. (Last) <u>White</u>
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9. AGE (At time of this birth) <u>48</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wenatchee, Washington</u>	11a. USUAL OCCUPATION <u>logging</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Carlock-Oakhumber Co.</u>
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12. MOTHER'S MAIDEN NAME <u>Louise</u>	a. (First) <u>Olive</u>	b. (Middle) <u>Wilson</u>	c. (Last) <u>White</u>
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14. AGE (At time of this birth) <u>43</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Logan, Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
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a. How many children are now living? 1 b. How many children were born alive but are now dead? 2 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3

17. INFORMANT <u>Jabe Shaw</u>	18a. LENGTH OF PREG- NANCY WEEKS <u>40</u>			18b. WEIGHT AT BIRTH LBS. <u>11</u> OZS. <u>36.6</u>	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>11-15-51</u>
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>detached placenta</u>	20b. MATERNAL CAUSES <u>HT -</u>
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>detached placenta</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>
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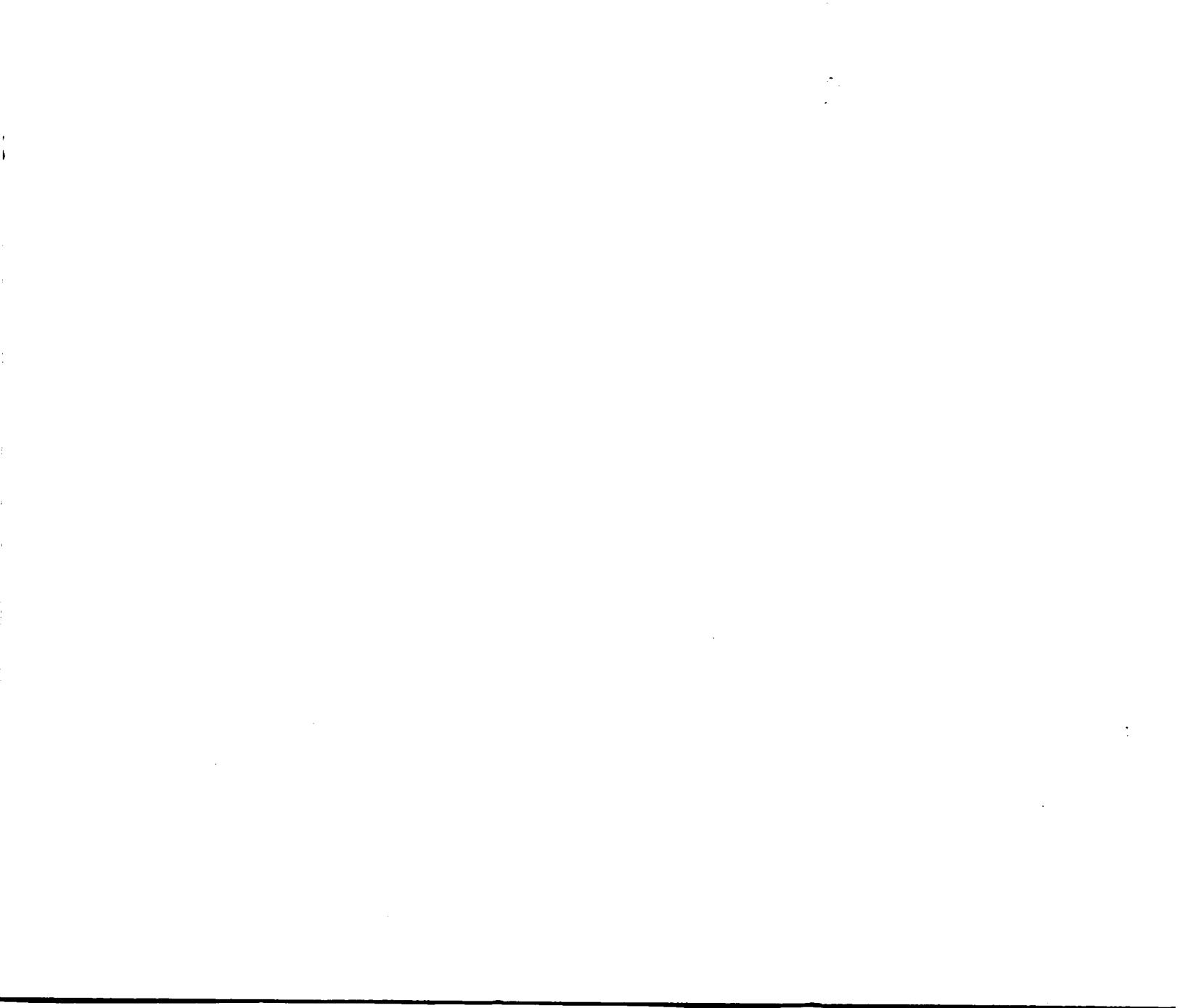
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:25 A.M.</u> on <u>August 16, 1951</u>	23a. ATTENDANT'S SIGNATURE <u>Agnes Molenman</u>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>8-15-51</u>
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23b. ATTENDANT'S ADDRESS <u>1215 W. Main Street</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Peckham</u>	TITLE <u>Chaplain</u>
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25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE August 16-1951	25c. NAME OF CEMETERY OR CREMATORIAL Cemetery Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
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DATE REC'D BY LOCAL REG. <u>8-16-51</u>	REGISTRAR'S SIGNATURE <u>Agnes Molenman</u>	26. FUNERAL DIRECTOR <u>Peckham</u>	ADDRESS <u>Chapel</u>
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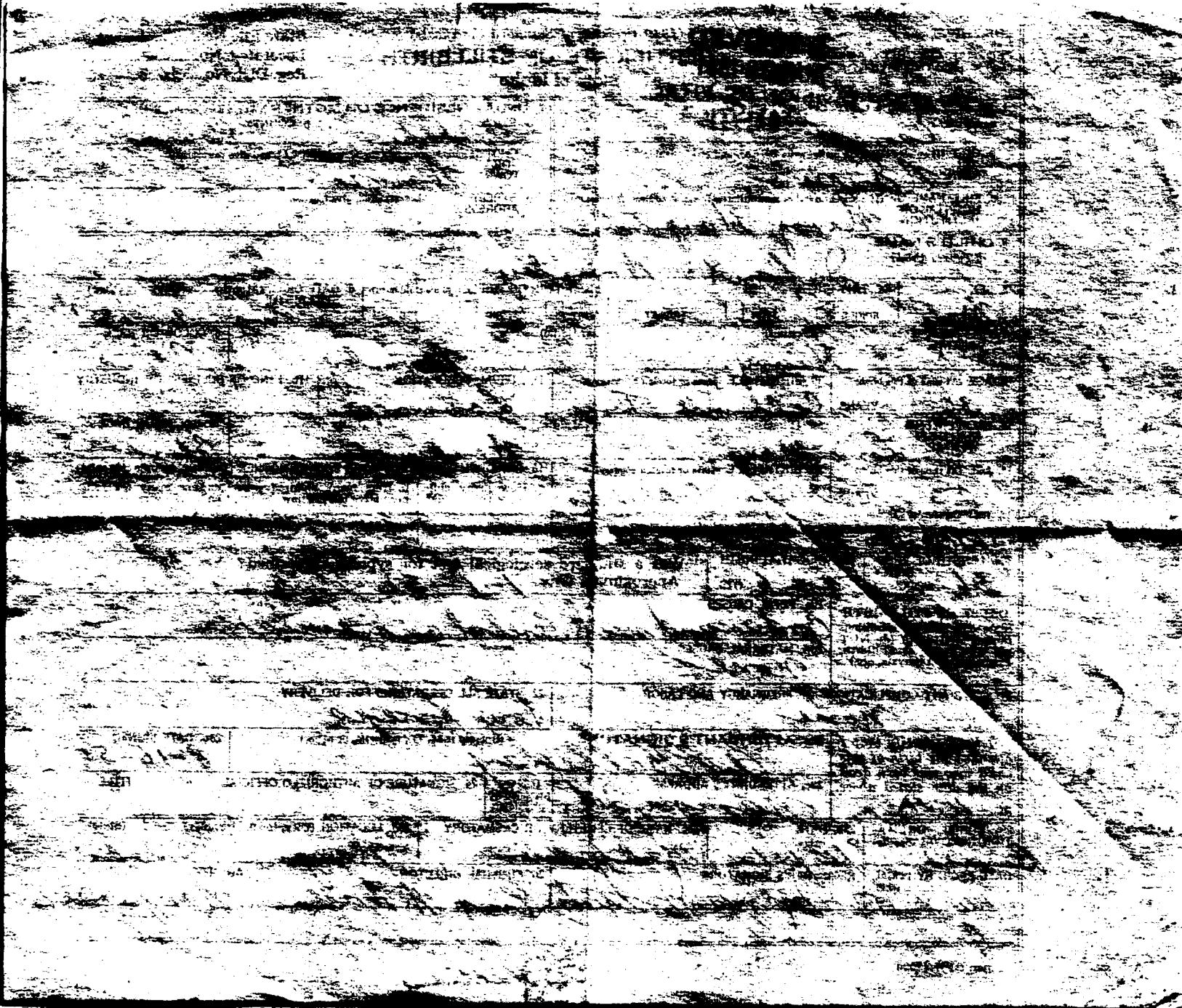
		Caldwell, Idaho	
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RECEIVED (1949 Revision of Standard Certificate)
AUG 28 1951 **CERTIFICATE OF STILLBIRTH**
State of Idaho

 State File No. 123
 Local Reg. No. 13
 Reg. Dist. No. 367
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	<u>Canyon</u>	a. STATE	<u>Idaho</u>
b. CITY (If outside corporate limits, write RURAL and give township or town)	<u>Nampa</u>	b. COUNTY	<u>Canyon</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION	<u>Merry Hospital</u>	c. CITY (If outside corporate limits, write RURAL and give township or town)	<u>Nampa</u>
3. CHILD'S NAME (Type or Print)	<u>Infant Normley</u>		
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
<u>Male</u>	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<u>Aug 9 1951</u>
7. FATHER'S NAME	a. (First) <u>Henry</u>	b. (Middle)	c. (Last)
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
<u>36</u> YEARS	<u>Caldwell Texa</u>	<u>Laborer</u>	<u>Black</u>
12. MOTHER'S MAIDEN NAME	a. (First) <u>Louise</u>	b. (Middle)	c. (Last) <u>Washington</u>
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
<u>23</u> YEARS	<u>Hugo Oklahoma</u>	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
<u>Boop Records by Dr. B. Halliday</u>			
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date 7-1-51</u> <u>y36.0</u>	
<u>36</u> WEEKS	<u>4 LBS. 6 OZS.</u>		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>cord around neck. Cerebral anoxemia</u>		
	20b. MATERNAL CAUSES <u>None</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
<u>None</u>		<u>low forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:00 a.m.</u>		23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)
		<u>Dr. Halliday</u>	
DATE REC'D BY LOCAL REG.		23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL
<u>Aug 25, 1951</u>		<u>Nampa, Id.</u>	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)		25b. DATE	25d. LOCATION (City, town, or county) (State)
<u>Buried</u>		<u>8/10/51</u>	<u>Nampa Idaho</u>
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
<u>Aug 25, 1951</u>		<u>Doris Jane Stuckey</u>	<u>George H. Halliday</u> <u>Nampa Idaho</u>



RECEIVED CERTIFICATE OF STILLBIRTH

SEP 14 1951

State of Idaho

State File No. 124

Local Reg. No. 17

Reg. Dist. No. 362

1. PLACE OF STILLBIRTH/ DIVISION OF VITAL

a. COUNTY Canyon STATISTICS

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Nampac. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Mercy Hospital

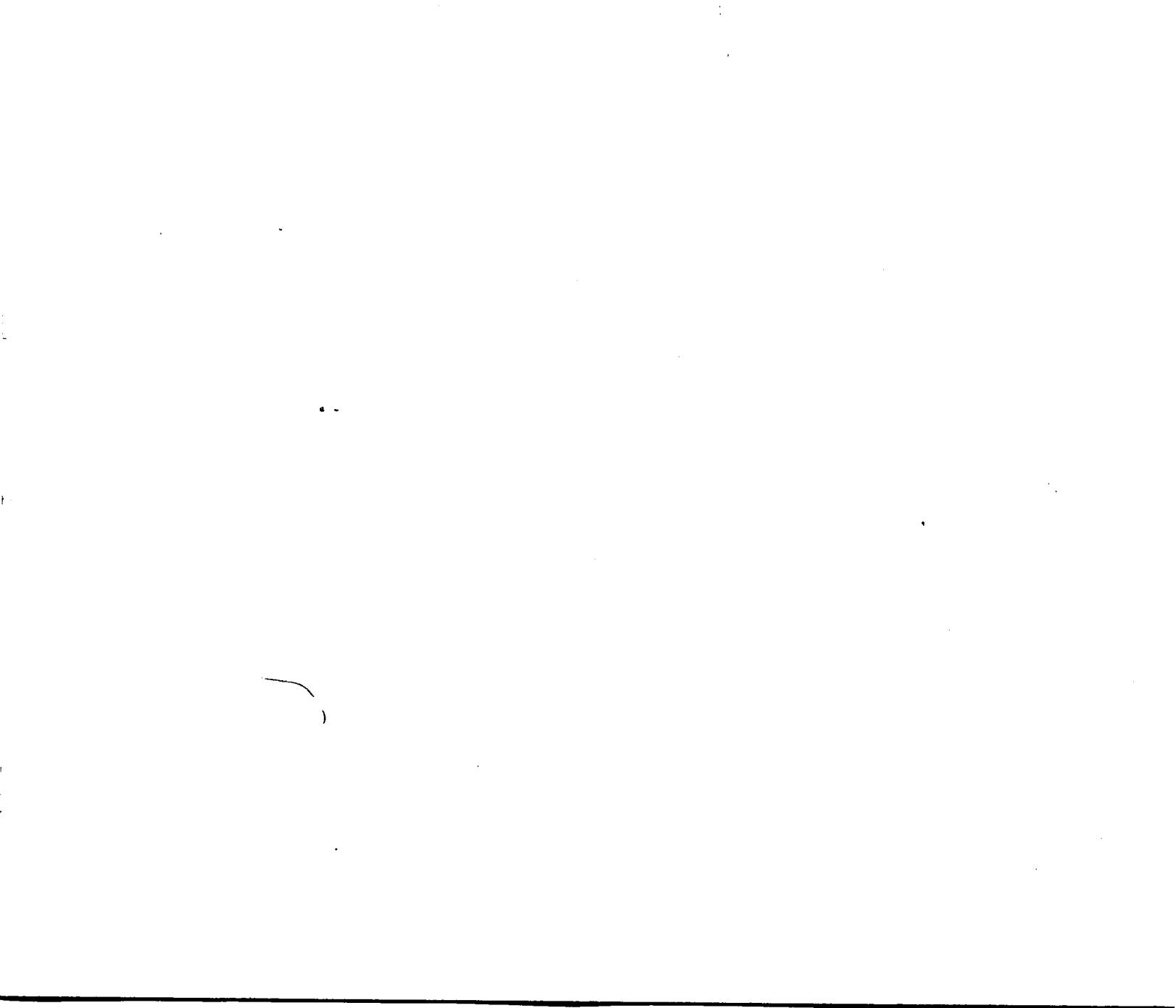
3. CHILD'S NAME

(Type or Print)

JAMES ERNEST COLLINSWORTH

4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF
male SINGLE TWIN TRIPLET 1ST 2ND 3RD STILLBIRTH (Month) (Day) (Year)
August 15, 19517. FATHER'S NAME a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE
James Collinsworth white9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
31 YEARS Cranby, Missouri Idaho Power Co.12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE
Emily Nydegger white14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
29 YEARS Nampa, Idaho a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
1 117. INFORMANT
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes No
NANCY 36 WEEKS 16 LBS. 4 1/2 OZS. Approximate date Jan 1950 Y 36.420a. FETAL CAUSES *Abruptio Placenta*
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)20b. MATERNAL CAUSES *Hemorrhage at 3mo, 6mo + 8mo - Threatened abortion at 3mo, 6mo + 8mo with None*21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
*Threatened abortion at 3mo, 6mo + 8mo with None*22. STATE ALL OPERATIONS FOR DELIVERY
*None*I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED
Clare Hastings MD 8-21-5123c. ATTENDANT'S ADDRESS 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
1116 2nd St So, Nampa25a. BURIAL CREMA- 25b. DATE 25c. NAME OF CEMETERY OR CREMATORIAL 25d. LOCATION (City, town, or county) (State)
TION REMOVAL (Specify) Burial 8/17/51 Kohlerlawn Cemetery Nampa, IdahoDATE REC'D BY LOCAL REG. 26. FUNERAL DIRECTOR ADDRESS
Sept 10, 1951 Registrar's Signature John J Alsip, Jr. Nampa, Idaho

Robinson-Alsip Chapel



(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

135

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Nampac. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Samaritan Hospital

3. CHILD'S NAME

(Type or Print)

RODNEY JAMES DUNN

4. SEX

5a. THIS BIRTH

WIFE

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) (Year)

August 30, 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Perry

J.

Dunn

white

9. AGE (At time of this birth)

20 YEARS

10. BIRTHPLACE (State or foreign country)

Fresno, Calif.

11a. USUAL OCCUPATION

Plaster Contr.

11b. KIND OF BUSINESS OR INDUSTRY

Plastering

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Eila

Krebs

white

14. AGE (At time of this birth)

20 YEARS

15. BIRTHPLACE (State or foreign country)

Greeley, Colo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

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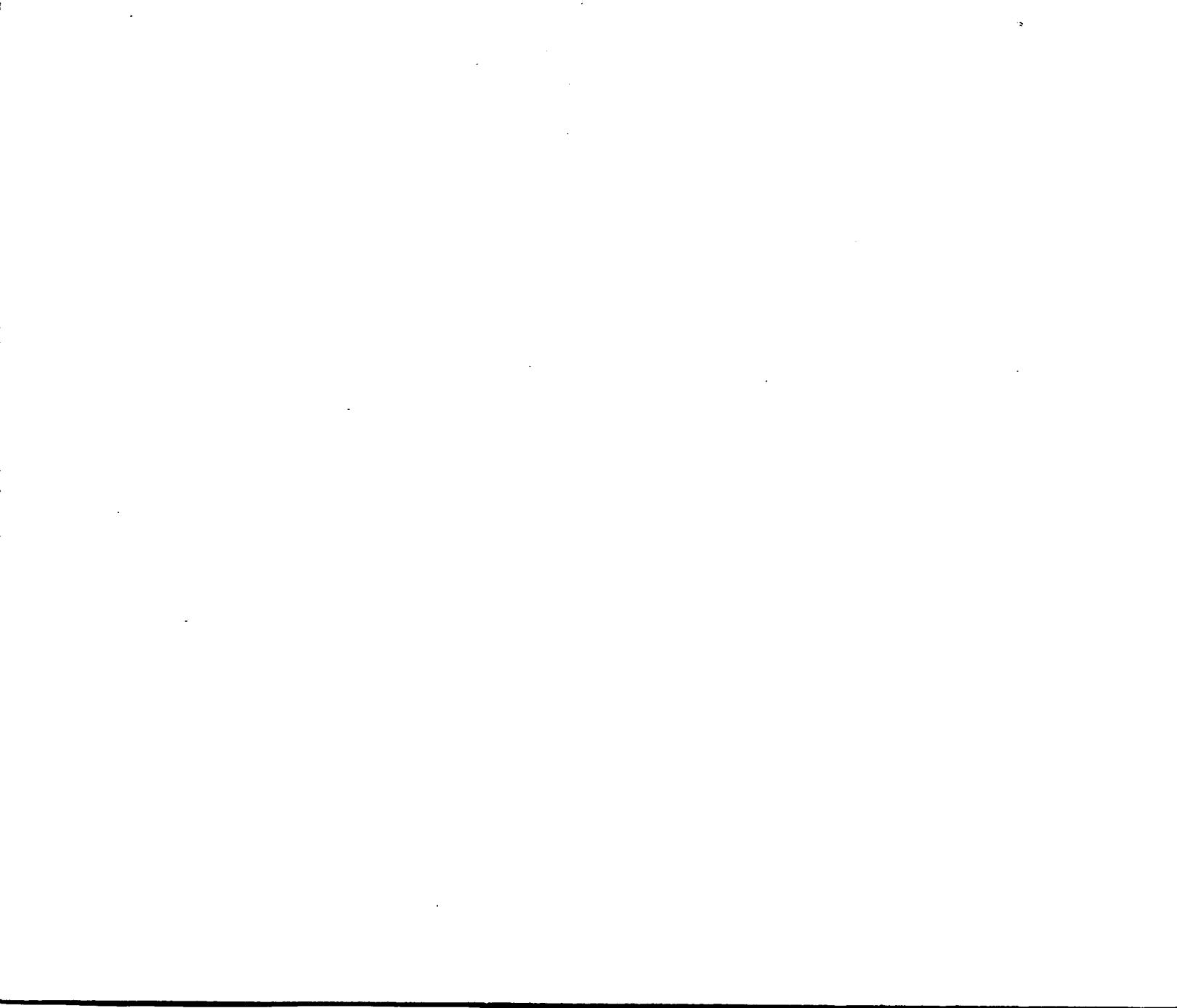
17. INFORMANT

P.O. Dunn

18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19. Was a standard serological test for syphilis performed? Yes No
NANCY about LBS. - OZS. Approximate date about April 1936 10

36 weeks

ca



PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

Dr. Ged Barclay

RECEIVED (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

AUG 22 1951

State of Idaho

DIVISION OF VITAL

136
State File No.....
Local Reg. No. 10
Reg. Dist. No. 170

1. PLACE OF STILLBIRTH **STATE**: **Kootenai**

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN: Coeur d' Alene

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION: Lake City General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN: Coeur d' Alene

d. STREET ADDRESS: 736-3rd, Street

3. CHILD'S NAME
(Type or Print) Baby Boy Brush

4. SEX: Male 5a. THIS BIRTH
SINGLE TWIN TRIPLET 5b. IF TWIN OR TRIPLET (This child born)
1ST 2ND 3RD 6. DATE OF
STILLBIRTH (Month) (Day) (Year)
August 6 1951

7. FATHER'S NAME: Avery a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE
S. Brush White

9. AGE (At time of this birth): 34 10. BIRTHPLACE (State or foreign country): Osage, Iowa 11a. USUAL OCCUPATION: Salesman 11b. KIND OF BUSINESS OR INDUSTRY: John W. Graham Co.

12. MOTHER'S MAIDEN NAME: Lorraine a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE
Ketelsen White

14. AGE (At time of this birth): 33 15. BIRTHPLACE (State or foreign country): Osage, Iowa 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
One None None

17. INFORMANT: *Lorraine K. Brush* Coeur d' Alene Idaho 18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH: 19. Was a standard serological test for syphilis performed? Yes No
NANCY WEEKS LBS. OZS. Approximate date: 6-7-51 *y 36.4*

20a. FETAL CAUSES: *None*
20b. MATERNAL CAUSES: *Premature placental separation*

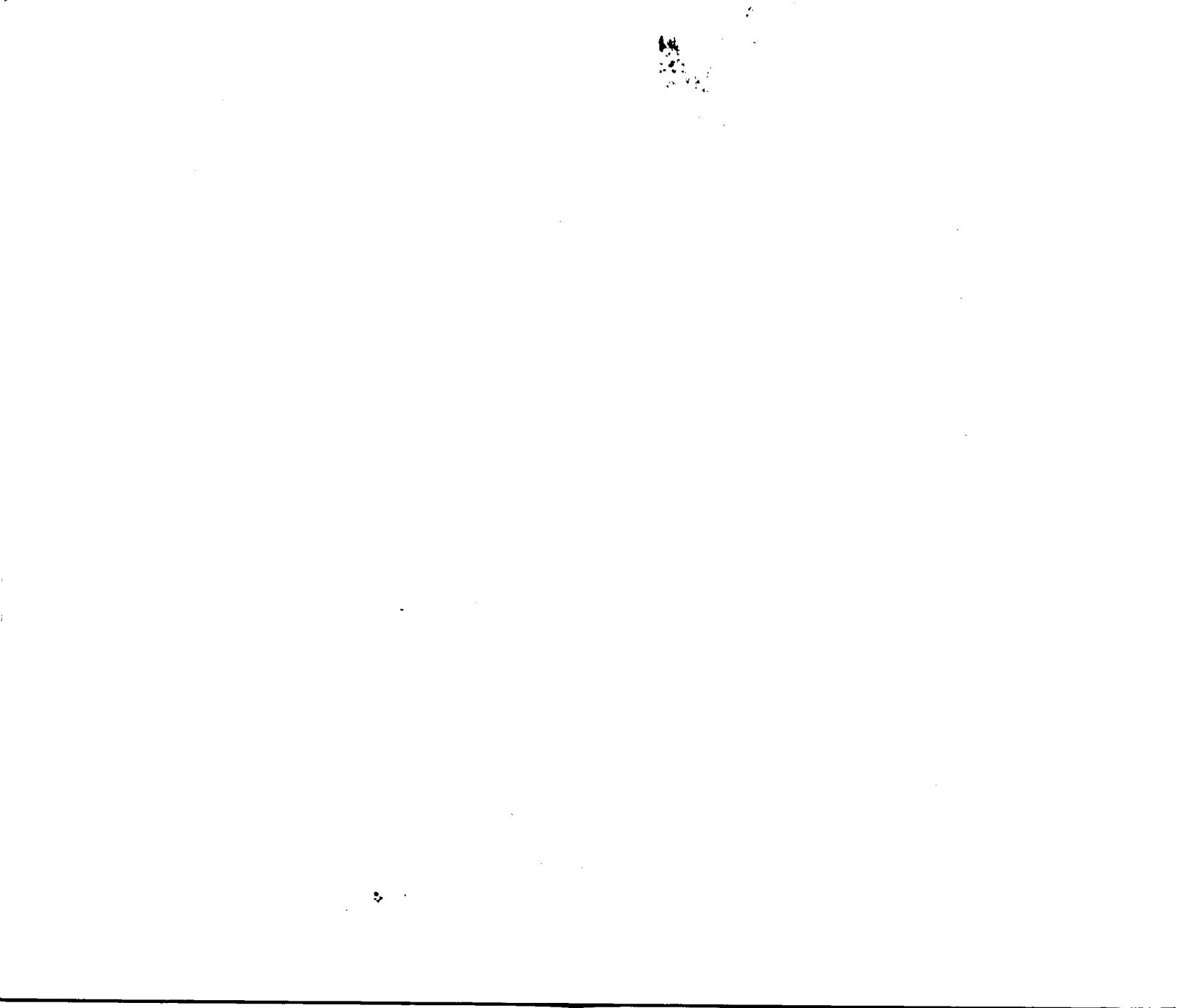
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: *intermittent hemorrhage* 22. STATE ALL OPERATIONS FOR DELIVERY: *artificial rupture of membranes*

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m. 23a. ATTENDANT'S SIGNATURE: *G. Michael D.* (Specify if M. D., midwife, or other) 23b. DATE SIGNED: 8-9-51

23c. ATTENDANT'S ADDRESS: *815 N. Main St., Coeur d' Alene, Idaho* If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL: *M. H. Pilinger Jr.* TITLE:

25a. BURIAL, CREMA- 25b. DATE: Aug. 9 1951 25c. NAME OF CEMETERY OR CREMATORIAL: Forest Cemetery 25d. LOCATION (City, town, or county): (State)
TION, REMOVAL (Specify) Burial Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 8-9-51 REGISTRAR'S SIGNATURE: *Lorraine K. Brush* 26. FUNERAL DIRECTOR: *M. H. Pilinger Jr.* ADDRESS: Coeur d' Alene, Idaho



RECEIVED (1949 Revision of Standard Certificate)
AUG 22 1951 **CERTIFICATE OF STILLBIRTH**
DIVISION OF VITAL STATISTICS **State of Idaho**

137

 State File No.
 Local Reg. No. 9
 Reg. Dist. No. 120

1. PLACE OF STILLBIRTH STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Kootenai		a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City Gen. Hospital		d. STREET ADDRESS (If rural, give location) 516 LaCrosse	
3. CHILD'S NAME (Type or Print) (Infant Boy) Wilson Wilson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF (Month) (Day) (Year) Aug 11, 1951
7. FATHER'S NAME Gordon	a. (First) Elwood	b. (Middle)	c. (Last) Wilson
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Baker, Oregon	11a. USUAL OCCUPATION Health Dept.	11b. KIND OF BUSINESS OR INDUSTRY State of Idaho
12. MOTHER'S MAIDEN NAME Ailene	a. (First) Emojeane	b. (Middle)	c. (Last) Wendt
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Baker, Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT Don English	<i>for Gordon Wilson Coeur d'A, Idaho</i>	a. How many children are now living? None	b. How many children were born alive but are now dead?
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. Y 36.0 OZS.	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
20a. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. FETAL CAUSES <i>Strangulation of Circulation by Protruded Cord -</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>James W. Hawkins MD</i>	(Specify if M. D., midwife, or other)
		23b. ATTENDANT'S ADDRESS <i>Coeur d'Alene Idaho</i>	23c. DATE SIGNED 8-13-51
		23d. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE August 13, '51	25c. NAME OF CEMETERY OR CREMATORIALY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho
DATE REC'D BY LOCAL REG. 8-13-51	REGISTRAR'S SIGNATURE <i>Lorraine K. Brush</i>	26. FUNERAL DIRECTOR <i>Don English</i>	ADDRESS Coeur d 'Alene, Idaho

Aug 11, 1921

Compt. of Justice, Mexico City

Dr. Wm Wood

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

SEP 7 1951

State of Idaho

DIVISION OF VITAL

State File No.

138

Local Reg. No. 120

Reg. Dist. No. 11

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital				d. STREET ADDRESS (If rural, give location) 1008-Govt. way			
3. CHILD'S NAME (Type or Print) Infant Boy Tunnell							
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 28, 1951				
7. FATHER'S NAME William	a. (First) b. (Middle) c. (Last) Tunnell		8. COLOR OR RACE White				
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Henryetta, Oklahoma	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Trentwood				
12. MOTHER'S MAIDEN NAME Lorraine	a. (First) b. (Middle) c. (Last) Bleckwenn		13. COLOR OR RACE White				
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Cylinder, Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None				
17. INFORMANT William D. Tunnell	18a. LENGTH OF PREG. NANCY WEEKS 5	18b. WEIGHT AT BIRTH LBS. 6 OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Y 39.6				
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Unknown	20b. MATERNAL CAUSES Unknown					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY None						
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE William T. Wood, M.D.	(Specify if M.D., midwife, or other)	23b. DATE SIGNED 8-29-'51.				
	23c. ATTENDANT'S ADDRESS Coeur d'Alene, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE				
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 29, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Forest Cemetery	25d. LOCATION (City, town, or county) Coeur d' Alene Idaho				
DATE REC'D BY LOCAL REG. 8-29-51	REGISTRAR'S SIGNATURE Lorraine K. Brush	26. FUNERAL DIRECTOR ADDRESS Coeur d' Alene Idaho					

1

SEP 11 1951 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 139

Local Reg. No. 35

Reg. Dist. No. 1030

1. PLACE OF STILLBIRTH

a. COUNTY

Madison
Rexburgb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

c. FULL NAME OF HOSPITAL OR INSTITUTION

HOSPITAL OR
INSTITUTION

Rexburg Maternity

3. CHILD'S NAME

(Type or Print)

Baby Griffin

SEX

5a. THIS BIRTH

Male

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

7. FATHER'S NAME

a. (First)

b. (Middle)

Ralph Jesse Griffin

c. (Last)

8. COLOR OR RACE

White

9. AGE (At time of this birth)

32 YEARS

10. BIRTHPLACE (State or foreign country)

Clarkston, Wash.

11a. USUAL OCCUPATION

Mechanic

11b. KIND OF BUSINESS OR INDUSTRY

Own Shop

12. MOTHER'S MAIDEN NAME

Sarah May

13. COLOR OR RACE

c. (Last)

White

Lake

14. AGE (At time of this birth)

24 YEARS

15. BIRTHPLACE (State or foreign country)

Barrie, Calif.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Ralph Jesse Griffin

2

None

None

18a. LENGTH OF PREG-

NANCY
35 WEEKS

18b. WEIGHT AT BIRTH

3 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

(From brother received my blood)

20a. FETAL CAUSES

State only morbid conditions

causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

None

y36.8

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

None

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED
8-15-51

23a. ATTENDANT'S SIGNATURE

D. D. Jackson, M.D.

23b. ATTENDANT'S ADDRESS

Rexburg, Idaho

TITLE

If not attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

DATE REC'D BY LOCAL REG.

REG. 8-15-51

REGISTRAR'S SIGNATURE

Leona Flamm

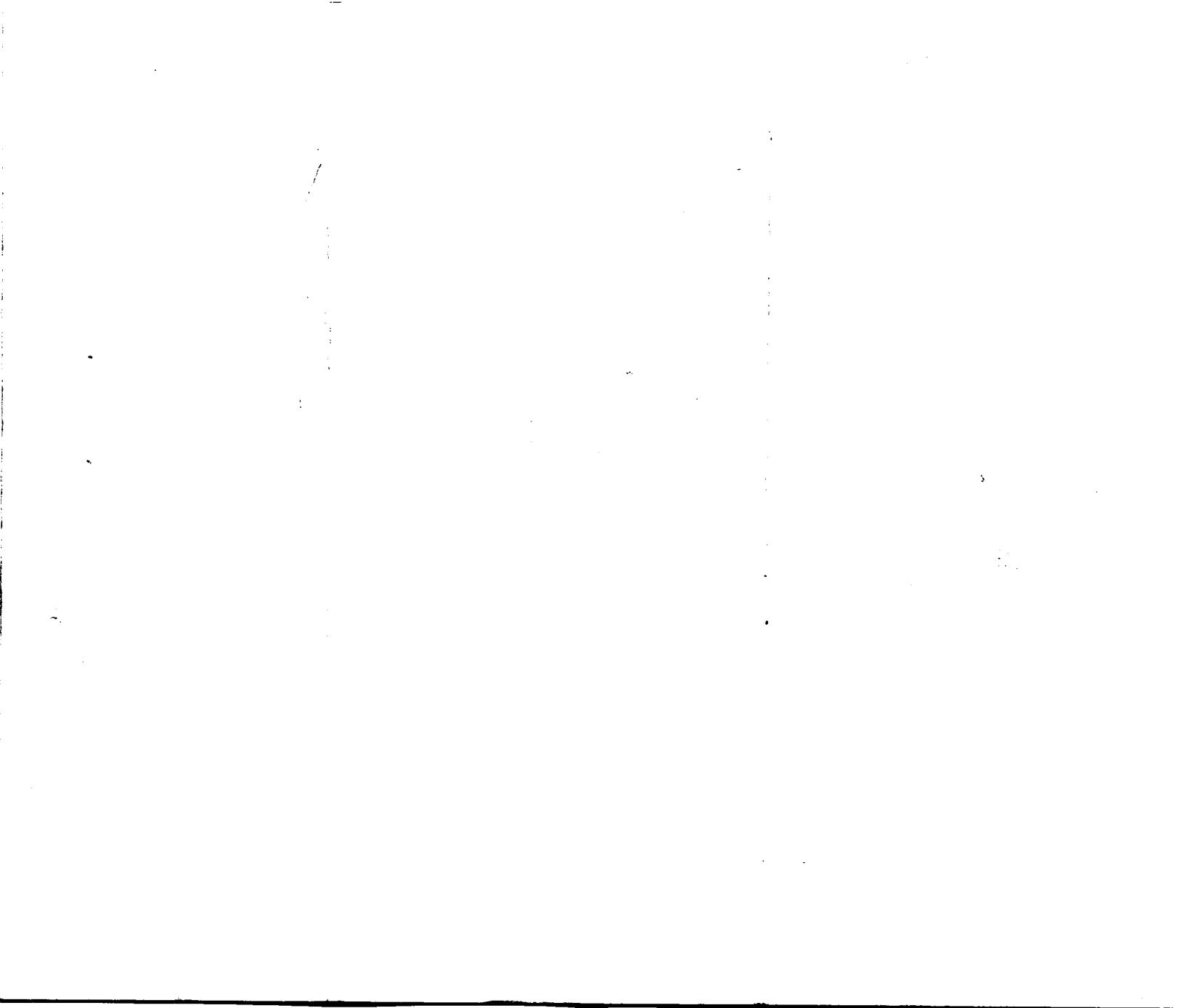
25d. LOCATION (City, town, or county) (State)

Jefferson Co., Idaho

26. FUNERAL DIRECTOR ADDRESS

Rexburg, Idaho

Talland & Reiss



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
SEP 4 1951
State of Idaho

 State File No.
 Local Reg. No. 7
 Reg. Dist. No. 160

140

DIVISION OF VITAL

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	STATIST: Twin Falls	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township or town)	b. COUNTY Twin Falls		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township or town)	c. STREET ADDRESS (If rural, give location)
Magic Valley Mem. Hosp.		Buhl	Route 2
3. CHILD'S NAME (Type or Print)			
Pember			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	7 14 51
7. FATHER'S NAME	3. (First) Walter	b. (Middle) L.	c. (Last) Pember
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
44 YEARS	Wisconsin	Farming	White
12. MOTHER'S MAIDEN NAME	a. (First) Mary	b. (Middle) Louise	c. (Last) Gibb
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
38 YEARS	Idaho	a. How many children are now living? 5	b. How many children were born alive but are now dead? 0
17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		
Mother's Chart			
18a. LENGTH OF PREG- NANCY 21 WEEKS	18b. WEIGHT AT BIRTH • LBS. • OZS. Y 36.1	19. Was a standard serological test for syphilis performed? Yes..... No.....	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Placenta Previa Centralis	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR ectopic fetus - Retained Placenta Manual Delivery Placenta		22. STATE ALL OPERATIONS FOR DELIVERY ectopic fetus - Retained Placenta Manual Delivery Placenta	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:00 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. Anderson MD	
at 7:00 a.m.		23b. DATE SIGNED	
25a. BURIAL, CREMATION, REMOVAL (Specify)		23c. ATTENDANT'S ADDRESS Filer, Idaho	
25b. DATE		25c. NAME OF CEMETERY OR CREMATORIALY	
25d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Anna Finch	
		26. FUNERAL DIRECTOR ADDRESS	
8-23-51			

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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

**RECEIVED
AUG 20 1951**
**DIVISION OF (App Revision of Standard Certificate)
STATE CERTIFICATE OF STILLBIRTH**
State of Idaho

1 1 1

State File No.
 Local Reg. No. 6
 Reg. Dist. No. 460

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Twin Falls	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township or town)	Twin Falls	b. COUNTY	Twin Falls
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Magic Valley Mem. Hosp.	c. CITY (If outside corporate limits, write RURAL and give township or town)	Twin Falls
d. STREET ADDRESS	(If rural, give location)		
		Route 2	
3. CHILD'S NAME (Type or Print)			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	8 3 51
7. FATHER'S NAME	a. (First) Robert	b. (Middle) Perry	c. (Last) Minshew
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
39 YEARS	Pocatello, Idaho	Creamery Business	
12. MOTHER'S MAIDEN NAME	a. (First) Marjorie	b. (Middle) Edith	c. (Last) Lash
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
27 YEARS	Washington	a. How many children are now living? 0	b. How many children were born alive but are now dead? 0
17. INFORMANT			
18a. LENGTH OF PREG. NANCY 28 WEEKS	18b. WEIGHT AT BIRTH LBS. 8 1/2 OZS.	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date y 39.5	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>Fetal death is Hydromia</i>			
20b. MATERNAL CAUSES <i>No 2</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Hydromia</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Anest heart, epis,</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:51 a.m.		23a. ATTENDANT'S SIGNATURE <i>Kimberly</i>	(Specify if M. D., midwife, or other)
23c. ATTENDANT'S ADDRESS Kimberly, Idaho		23b. DATE SIGNED 8-3-51	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG	REGistrar's SIGNATURE August 11, 1951	Jane Anderson	26. FUNERAL DIRECTOR ADDRESS

RECEIVED

PHS-797(VS)

4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEOCT 5 1951 (1949 Revision of Standard Certificate)
DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS

State of Idaho

State File No. 142
Local Reg. No. 257
Reg. Dist. No. 570

1. PLACE OF STILLBIRTH

a. COUNTY

Bannock

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Pocatello

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Pocatello General Hosp.

3. CHILD'S NAME

(Type or Print)

Ralph

Lee

Barrass

4. SEX

5a. THIS BIRTH

Male

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)

STILLBIRTH September 11, 1951

7. FATHER'S NAME

Richard

Adam

Barrass

White

9. AGE (At time of this birth)

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

29

YEARS

Rock Springs, Wyo.

Electrical Foreman

Westvaco

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Vera

Mae

Hardin

White

14. AGE (At time of this birth)

15. BIRTHPLACE (State or foreign country)

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

24

YEARS

Rock Springs, Wyo.

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Richard A. Barrass

Father

0

0

0

18a. LENGTH OF PREG-

18b. WEIGHT AT BIRTH

19. Was a standard serological test for syphilis performed? Yes No
Approximate date X 36.0

NANCY 40 WEEKS

7 LBS. 6 OZS.

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

None

20b. MATERNAL CAUSES

Prolapsed Umbilical Cord in Breech Presentation.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Prolapsed umbilical cord.

22. STATE ALL OPERATIONS FOR DELIVERY

Breech extraction; Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:17 p.m.

23a. ATTENDANT'S SIGNATURE

Specify if M.D., midwife, or other

23b. DATE SIGNED

9-13-51

23c. ATTENDANT'S ADDRESS

Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORIUM

25d. LOCATION (City, town, or county) (State)

Pocatello, Idaho

DATE REC'D. BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

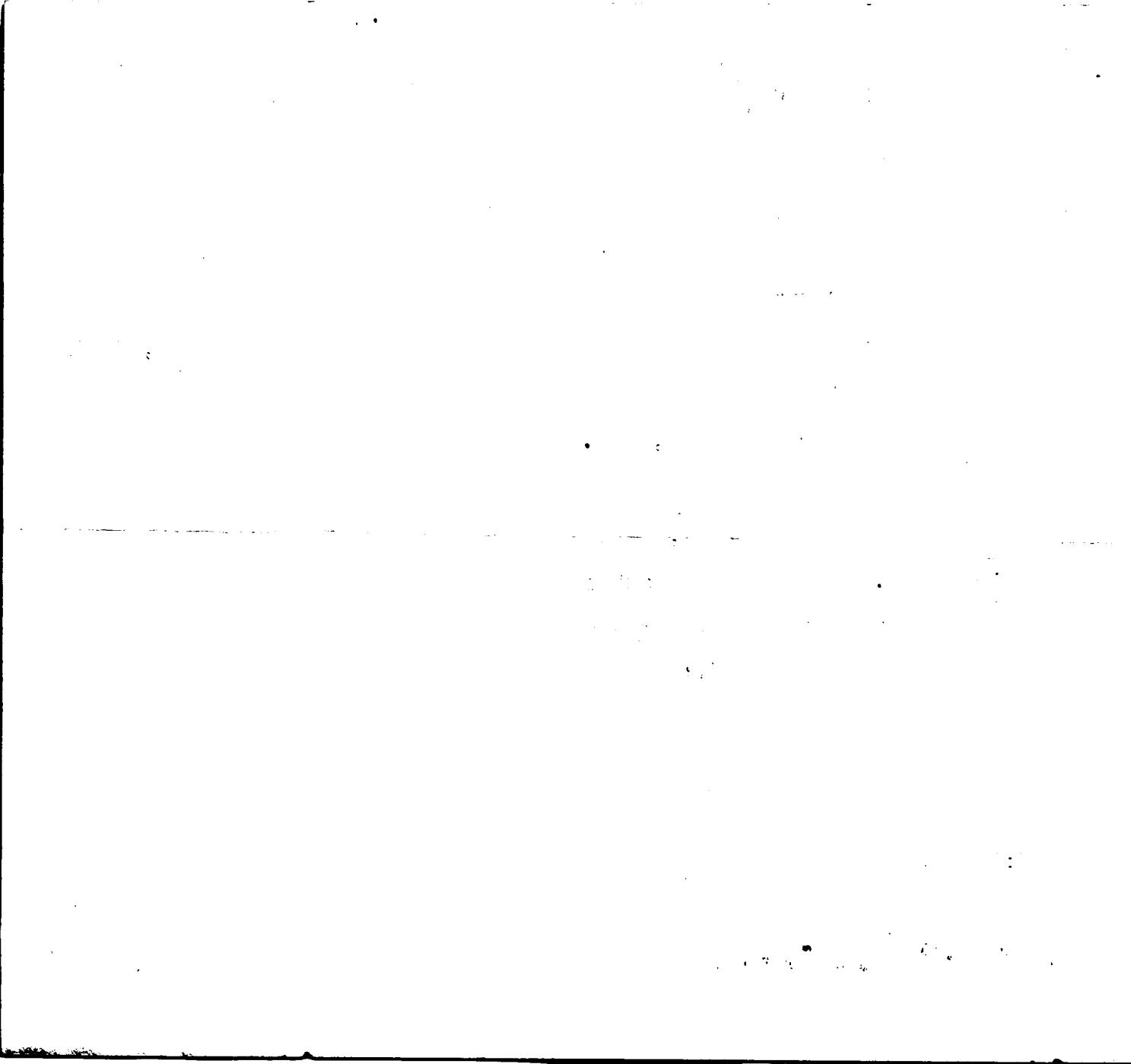
ADDRESS

SEP 27 1951

Jessie J. Powell

Mountainview Hall Mortuary

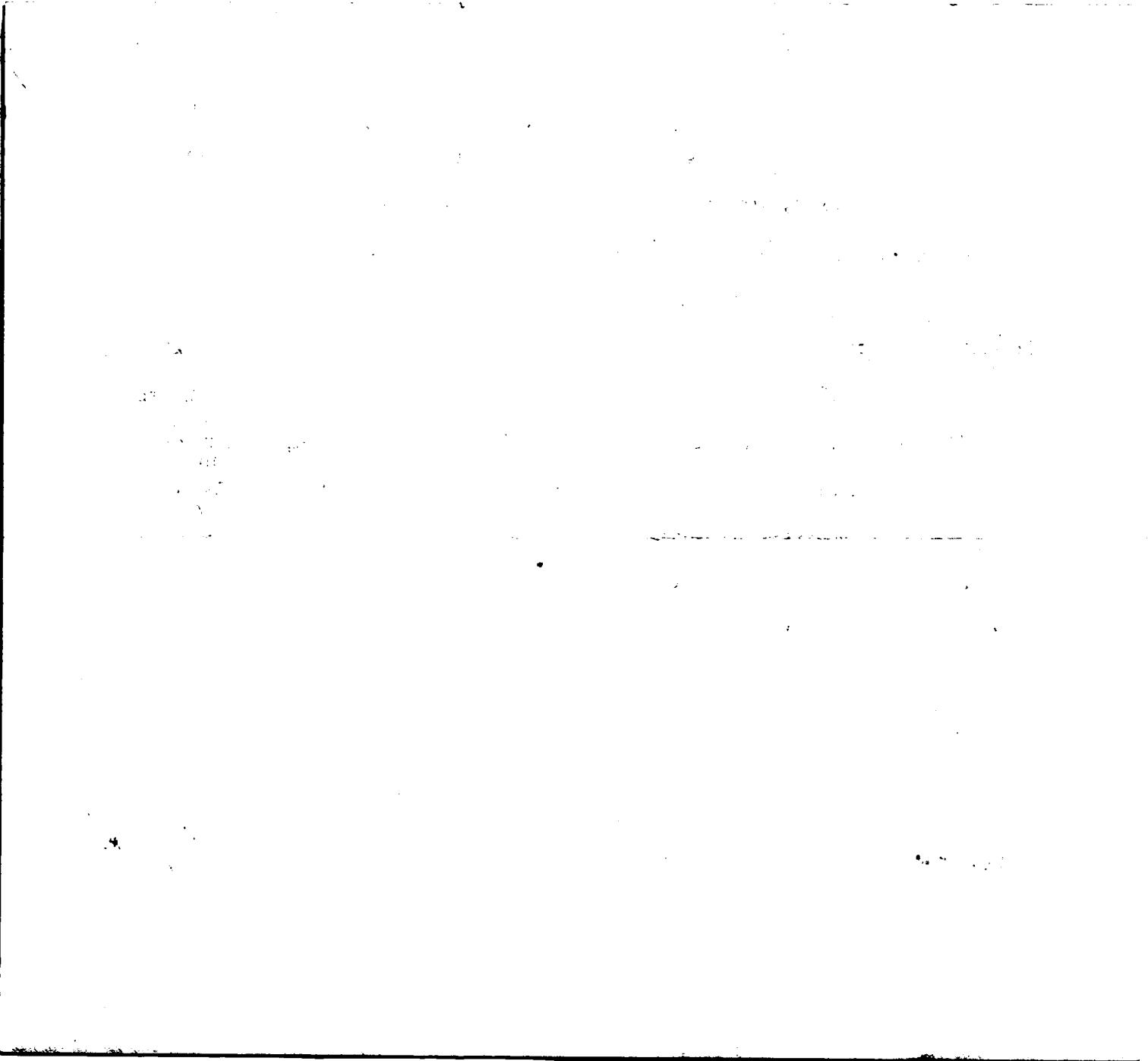
Pocatello, Idaho



RECEIVED
(1949 Revision of Standard Certificate)
OCT 23 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL Statistics State of Idaho

State File No. 143
 Local Reg. No. 277
 Reg. Dist. No. 5-10

1. PLACE OF STILLBIRTH		STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)				
a. COUNTY		Bannock		a. STATE <u>Idaho</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		<u>Pocatello, Idaho</u>		b. COUNTY <u>Bannock</u>				
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		<u>St. Anthony Mercy Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>				
d. STREET ADDRESS				(If rural, give location) <u>226 Taft</u>				
3. CHILD'S NAME (Type or Print) <u>Marueen Remy</u>								
4. SEX <u>Female</u>	5a. THIS BIRTH <u>SINGLE</u>	TWIN <input type="checkbox"/>	TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) <u>9</u> (Day) <u>26</u> (Year) <u>51</u>
7. FATHER'S NAME <u>Garland</u>	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE <u>White</u>				
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ironton, Ohio</u>		11a. USUAL OCCUPATION <u>Service Manager</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Motor Center</u>			
12. MOTHER'S MAIDEN NAME <u>Louise</u>	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE <u>White</u>				
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)					
17. INFORMANT <u>Mrs. Louise Remy</u>	18a. LENGTH OF PREG. NANCY <u>36</u> WEEKS		18b. WEIGHT AT BIRTH <u>6 LBS. 5 OZS.</u>	a. How many children are now living? <u>3</u>	b. How many children were born alive but are now dead? <u>0</u>	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>X 30.2</u> Approximate date							
20a. FETAL CAUSES								
20b. MATERNAL CAUSES <u>Diabetes Mellitus</u>								
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Hydrops amniotic</u>		22. STATE ALL OPERATIONS FOR DELIVERY						
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:57 P.M.</u>		23a. ATTENDANT'S SIGNATURE <u>Ralph B. Negstad</u>		Specify if M. D., midwife, or other <u>M.D.</u>		23b. DATE SIGNED <u>10.10.51</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 18, 1951</u>		23c. ATTENDANT'S ADDRESS <u>Pocatello Clark</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE			
25a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Sept 27, 1951</u>	25c. NAME OF CEMETERY OR CREMATORIAL <u>McVay Cemetery</u>		25d. LOCATION (City, town, or county) <u>Pocatello Idaho</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Jessie J. Powell</u>		26. FUNERAL DIRECTOR <u>Walter Hall</u>		ADDRESS <u>Pocatello</u>		



RECEIVED
(1949 Revision of Standard Certificate)
SEP 27 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 144Local Reg. No. 447Reg. Dist. No. 600

1. PLACE OF STILLBIRTH

a. COUNTY Binghamb. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Blackfoot,c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hosp.

3. CHILD'S NAME

(Type or Print)

Dawnalea Jensen

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

STILLBIRTH

(Month) (Day) (Year)

Sept. 21, 1951

7. FATHER'S NAME

a. (First)

G.Wesley

b. (Middle)

Jensen

c. (Last)

8. COLOR OR RACE

White

9. AGE (At time of this birth)

47

YEARS

10. BIRTHPLACE (State or foreign country)

Blackfoot, Idaho.

11a. USUAL OCCUPATION

Trucking

11b. KIND OF BUSINESS OR INDUSTRY

Livestock Hauling

12. MOTHER'S MAIDEN NAME

a. (First)

Edna

b. (Middle)

FayervilleLaVerne

c. (Last)

Stewart

13. COLOR OR RACE

White

14. AGE (At time of this birth)

39

YEARS

15. BIRTHPLACE (State or foreign country)

Salem, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? Twob. How many children were born alive but are now dead? None

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

None

17. INFORMANT

Mrs Edna Podelack Blackfoot, Ida.

18a. LENGTH OF PREGNANCY

7 mo. weeks

18b. WEIGHT AT BIRTH

3 lbs. 0 ozs.19. Was a standard serological test for syphilis performed? Yes No Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Knot in umbilical cord y36.0

20b. MATERNAL CAUSES

Infection

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:20 m.

23a. ATTENDANT'S SIGNATURE

Dr. Merrill

(Specify if M. D., midwife, or other)

M. D.

23b. DATE SIGNED

Sept. 21, 1951

23c. ATTENDANT'S ADDRESS

Blackfoot, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

John C. Sandberg

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

Sept 22, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Grove City Cemetery

25d. LOCATION (City, town, or county)

Blackfoot,

(State)

Idaho.

DATE REC'D BY LOCAL REG.

Sept 22, -51

REG. REGISTRAR'S SIGNATURE

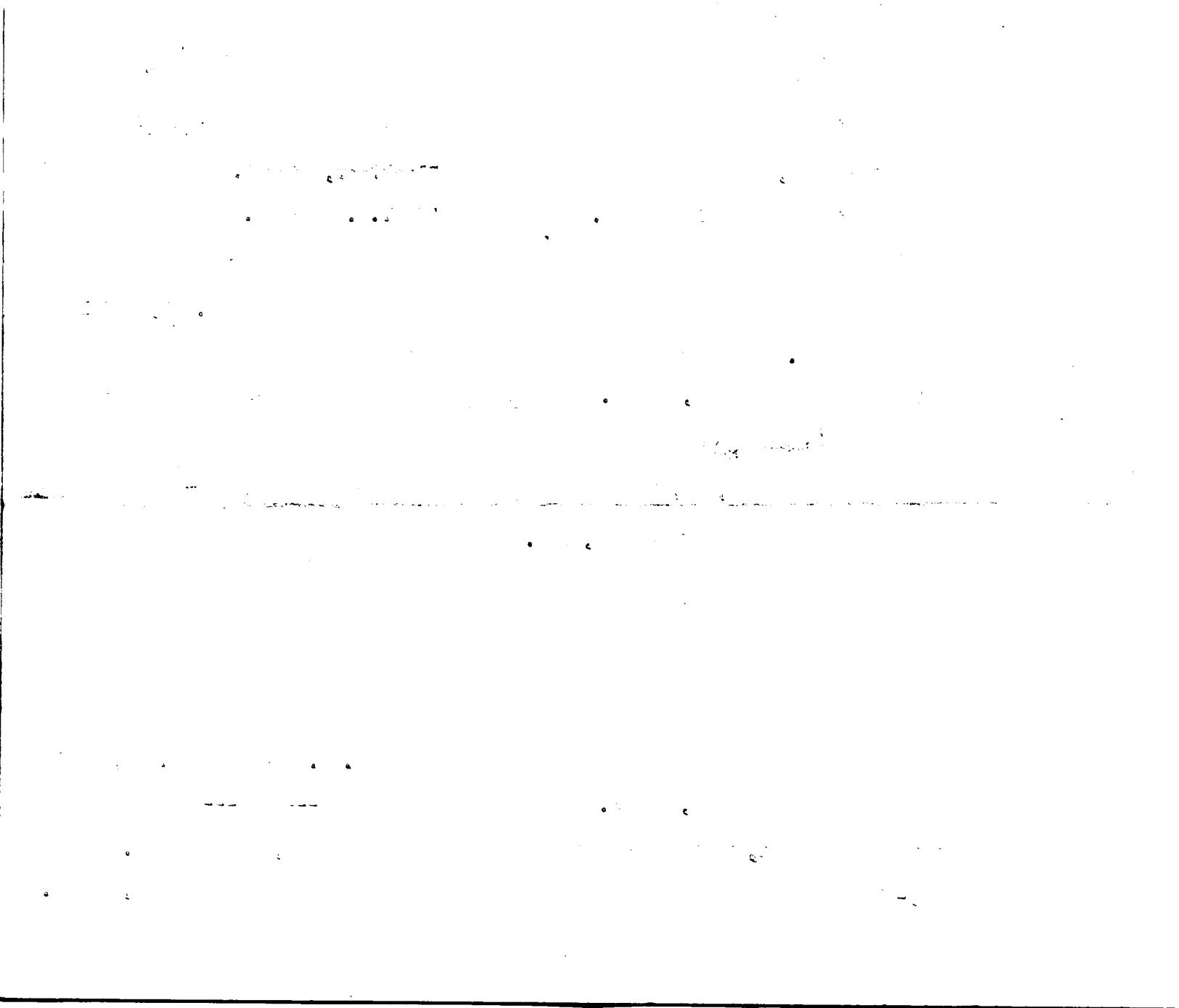
Hazel E. Latuse

26. FUNERAL DIRECTOR

John C. Sandberg

ADDRESS

Blackfoot,Idaho.



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEDIVISION OF VITAL
CERTIFICATE OF STILLBIRTH
State of Idaho
STATISTICS

OCT 12 1951 (1949 Revision of Standard Certificate)

State File No.

Local Reg. No.

Reg. Dist. No.

145

123

61D

1. PLACE OF STILLBIRTH

a. COUNTY

Bonnerville

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sacred Heart

3. CHILD'S NAME

(Type or Print)

Baby Prophet

4. SEX

Male

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

6. DATE OF
STILLBIRTH(Month) (Day) (Year)
AUG - 1 - 19517. FATHER'S
NAME

a. (First)

Merlin

b. (Middle)

K

c. (Last)

Prophet

8. COLOR OR RACE

white

9. AGE (At time of this birth)

29

YEARS

10. BIRTHPLACE (State or foreign country)

Rigby - Idaho.

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

Shirley

b. (Middle)

Lu

c. (Last)

Boulder

13. COLOR OR RACE

white

14. AGE (At time of this birth)

21

YEARS

15. BIRTHPLACE (State or foreign country)

Rigby - Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

2

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

X Merlin K. Prophet

18a. LENGTH OF PREG-

NANCY

22 WEEKS

18b. WEIGHT AT BIRTH

LBS. 8 OZS.

Approximate date

19. Was a standard serological test for syphilis performed? Yes No

y39.5

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Prematurity - mother cause known

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

n

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

J. D. Brown

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

8/2/51

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

M.D.

TITLE

25a. BURIAL CREMA-
TION REMOVAL (Specify)

Removal

25b. DATE

Aug 2 - 1951

25c. NAME OF CEMETERY OR CREMATORIUM

Cedar Butte

25d. LOCATION (City, town, or county)
(State)

Lewiston

Idaho

DATE REC'D BY LOCAL
REG.

Aug. 2-1951

REGISTRAR'S SIGNATURE

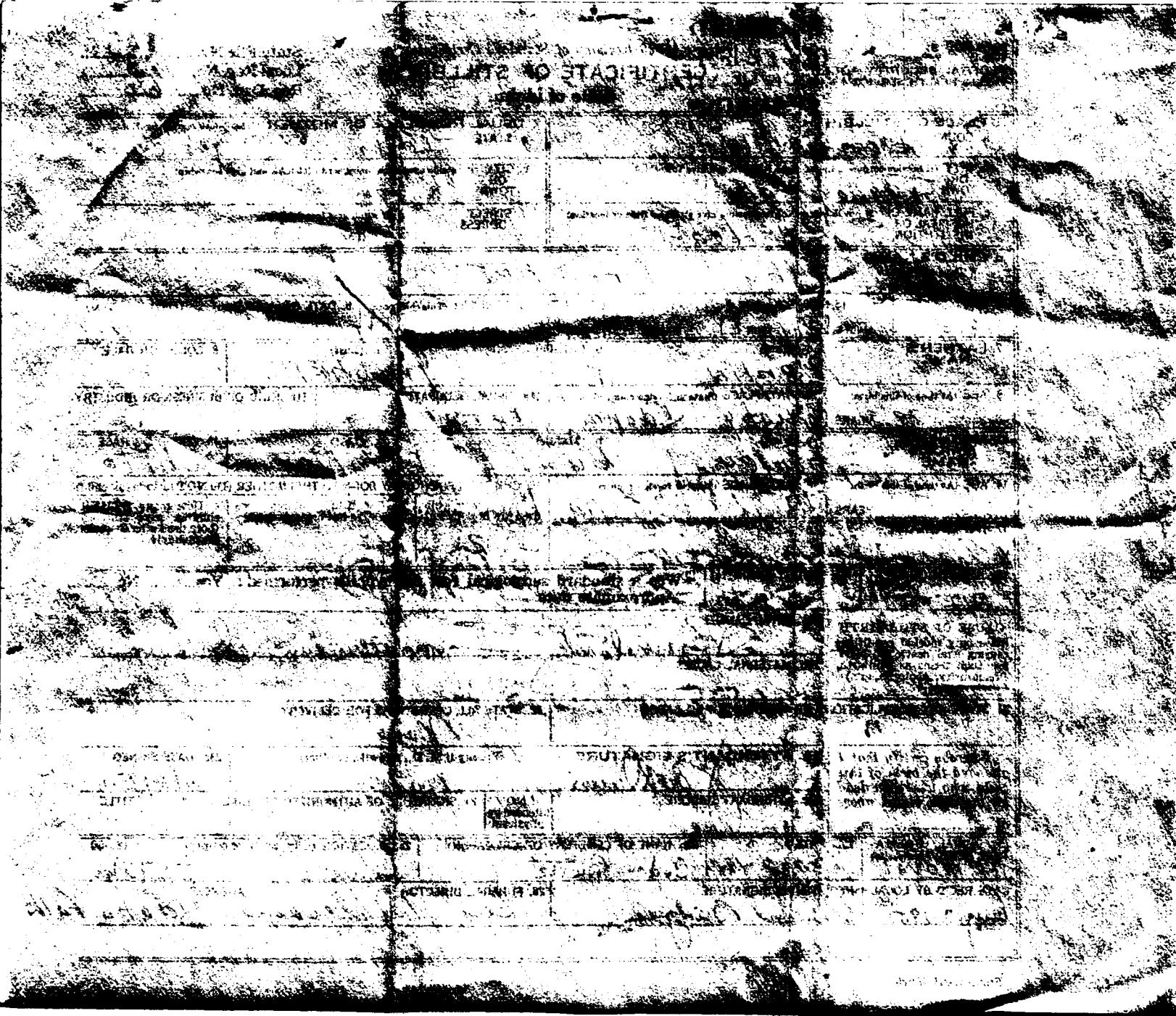
Anna Bridges

26. FUNERAL DIRECTOR

Geo. A. Williams

ADDRESS

Idaho Falls



RECEIVED (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

OCT 12 1951

State of Idaho

State File No.

146
314

Local Reg. No.

61D

Reg. Dist. No.

DIVISION OF VITAL

1. PLACE OF STILLBIRTH

a. COUNTY

STATISTICS

Bonneville

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION L. D. S. Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho

b. COUNTY Madison

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Rexburg

d. STREET ADDRESS
(If rural, give location)

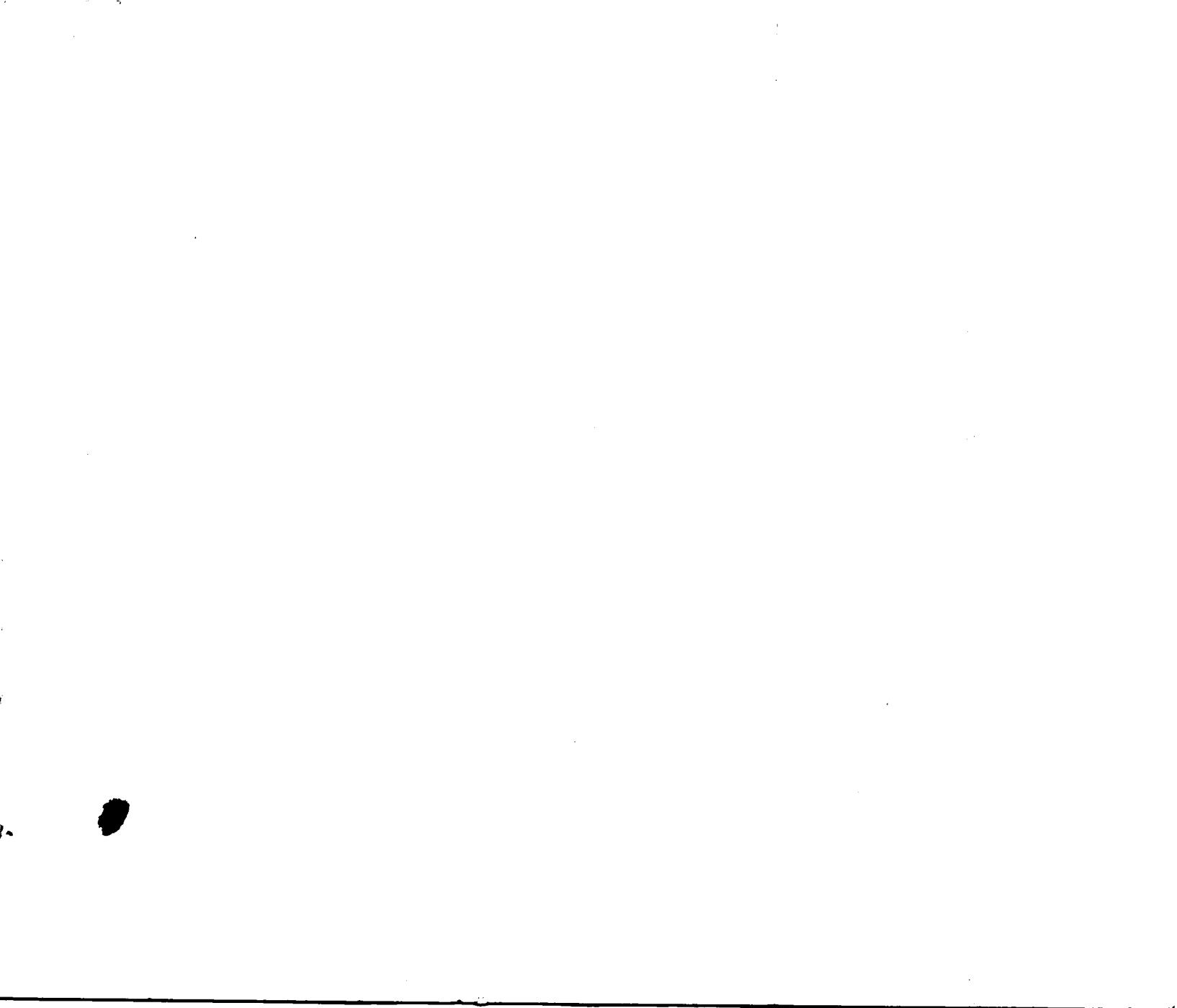
330 West Main St.

3. CHILD'S NAME

(Type or Print)

BABY HARROP

4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF
F.M. SINGLE TWIN TRIPLET 1ST 2ND 3RD STILLBIRTH (Month) (Day) (Year)
Sept. 21, 19517. FATHER'S NAME a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE
THOMAS GORDON HARROP White9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
29 YEARS Ririe, Idaho Warehouseman Grain Elevator12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE
BEATRICE GRIFFIN White14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
28 YEARS Rexburg, Idaho a. How many children are now living? b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
2 0 017. INFORMANT
T. H. Harrop
18a. LENGTH OF PREG.
NANCY WEEKS 18b. WEIGHT AT BIRTH
2 LBS. 7 OZS. 19. Was a standard serological test for syphilis performed? Yes No
Approximate date July 1951 X 36.420a. FETAL CAUSES
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
Premature separation of placenta
20b. MATERNAL CAUSES
*Toxemia of pregnancy*21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
as above 22. STATE ALL OPERATIONS FOR DELIVERY
*Cesarean section*I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:30 P. m. 23a. ATTENDANT'S SIGNATURE
Dr. Loyal, M.D. (Specify if M. D., midwife, or other) 23b. DATE SIGNED
9-25-5123c. ATTENDANT'S ADDRESS
Rexburg, Idaho 24. SIGNATURE OF AUTHORIZED OFFICIAL
If NOT attended by physician
TITLE25a. BURIAL, CREMATION, REMOVAL (Specify)
burial 25b. DATE
9/22/51 25c. NAME OF CEMETERY OR CREMATORIAL Little Butte 25d. LOCATION (City, town, or county)
Annis, IdahoDATE REC'D BY LOCAL REG. 26. FUNERAL DIRECTOR ADDRESS
Sept. 27-51 *Laura Budger* *C. E. Scherzef* Rigby, Idaho



RECEIVED CERTIFICATE OF STILLBIRTH

OCT 17 1951

State of Idaho

State File No.

147

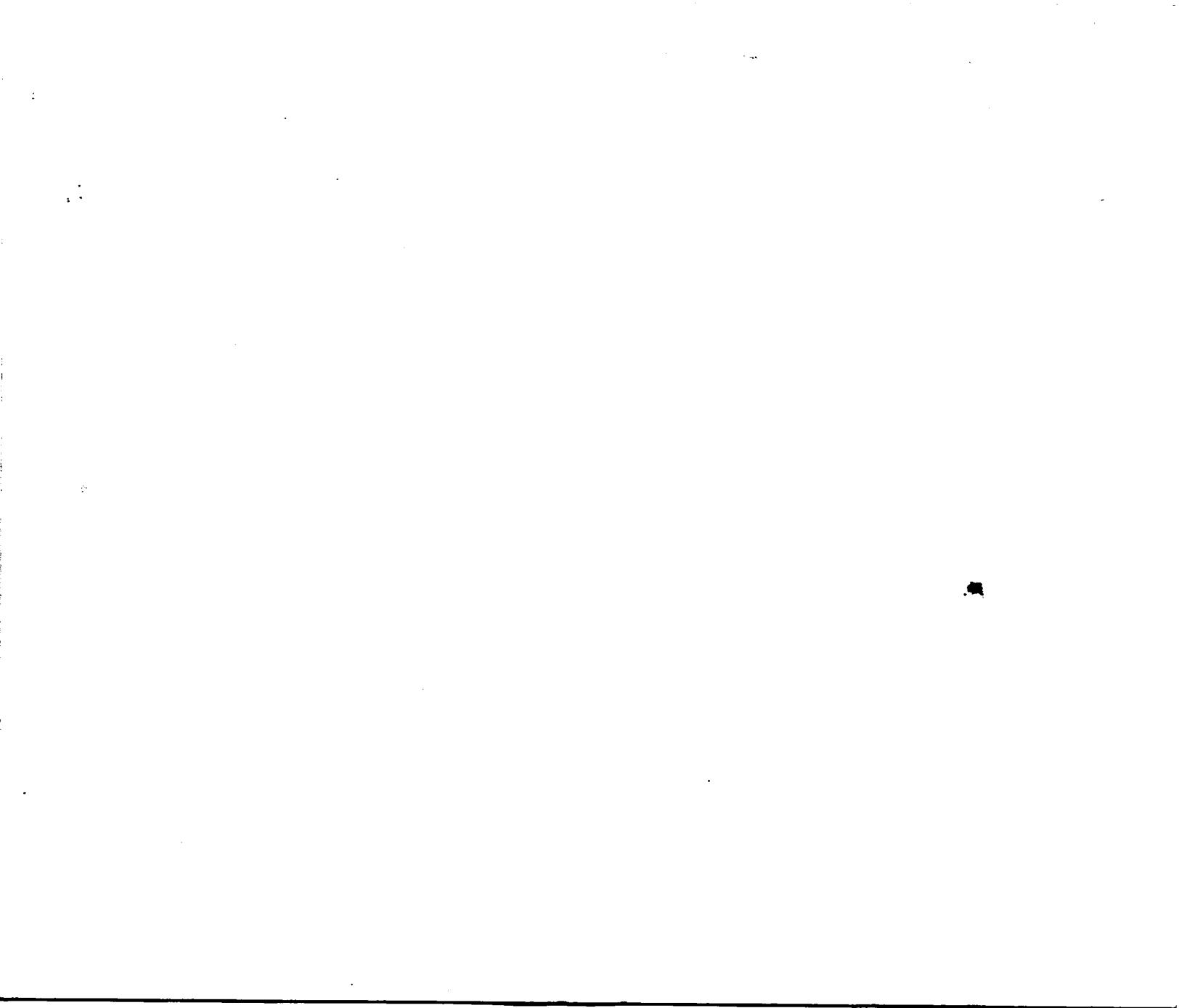
Local Reg. No.

147

Reg. Dist. No.

362

1. PLACE OF STILLBIRTH		DIVISION OF VITAL STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. COUNTY	Canyon		a. STATE	Idaho			
b. CITY (If outside corporate limits, write RURAL and give township or town)	Nampa		b. COUNTY	Canyon			
c. FULL NAME OF MOTHER (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Theresa Laepp		c. CITY (If outside corporate limits, write RURAL and give township or town)	312 - Diamond			
3. CHILD'S NAME (Type or Print)	Jaan		d. STREET ADDRESS	Nampa, Idaho			
4. SEX	5a. THIS BIRTH		5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF STILLBIRTH (Month) (Day) (Year)		
7	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> TWIN	<input type="checkbox"/> TRIPLET	<input type="checkbox"/> 1ST	<input type="checkbox"/> 2ND	<input type="checkbox"/> 3RD	9-20 51
7. FATHER'S NAME	8. (First)		b. (Middle)		c. (Last)		8. COLOR OR RACE
	Herbert J.		Valek				w
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		
28 YEARS	Bo. Dakota		Princess man				
12. MOTHER'S MAIDEN NAME	a. (First)		b. (Middle)		c. (Last)		13. COLOR OR RACE
	Dorothy		-		Schueler		w
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)				
31 YEARS	New Plymouth		a. How many children are now living?		b. How many children were born alive but are now dead?		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT	Dorothy Valek. Mother		4				
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			Approximate date				
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES		Unknown		189.6		
	20b. MATERNAL CAUSES		Unknown				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	none		22. STATE ALL OPERATIONS FOR DELIVERY		Ruptured membranes for induction		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE		Specify if M.D., midwife, or other)		23b. DATE SIGNED		
	Margarette Davis, M.D.				9-21-51		
25a. BURIAL CREMA- TION, REMOVAL (Specify)	25b. DATE		25c. NAME OF CEMETERY OR CREMATORIAL		25d. LOCATION (City, town, or county) (State)		
Burial	9/21/51		Canyon Cemetery		Nampa Idaho		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR		ADDRESS		
Oct 12, 1951	Mrs. Jane Stark		George W. Stark		Nampa Idaho		



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

148

Local Reg. No. 13

Reg. Dist. No. 34-341

OCT 11 1951

1. PLACE OF STILLBIRTH

a. COUNTY

Gem

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Emmettc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Mary Secor Hospital

3. CHILD'S NAME

(Type or Print)

Baby Kemp

4. SEX

5a. THIS BIRTH

SINGLE



TWIN



TRIPLET



1ST



2ND



3RD



5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF
STILLBIRTH (Month)

Sept. 26, 1951 (Day) (Year)

7. FATHER'S
NAME

a. (First)

Unknown

b. (Middle)

c. (Last)

8. COLOR OR RACE

9. AGE (At time of this birth)

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

YEARS---

---12. MOTHER'S
MAIDEN
NAME

a. (First)

Vivian

b. (Middle)

Louise

c. (Last)

13. COLOR OR RACE

white

14. AGE (At time of this birth)

15. BIRTHPLACE (State or foreign country)

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

14
YEARS

a. How many chil-

b. How many children were

c. How many OTHER

dren are now living?

born alive but are now dead?

children were stillborn

(born dead after 20 weeks
pregnancy)

17. INFORMANT

Vivian L Shepard

0

0

Y39.6

18a. LENGTH OF PREG-

NANCY
20 WEEKS

18b. WEIGHT AT BIRTH

LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

20a. CAUSE OF STILLBIRTH

State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20b. FETAL CAUSES

Unknown

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

Donald F. Kawalec M.D. 9/27/51

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

Sept. 28, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Riverside

25d. LOCATION (City, town, or county)

Emmett, Idaho

(State)

DATE REC'D BY LOCAL
REG.

Sept. 27, 1951

REGISTRAR'S SIGNATURE

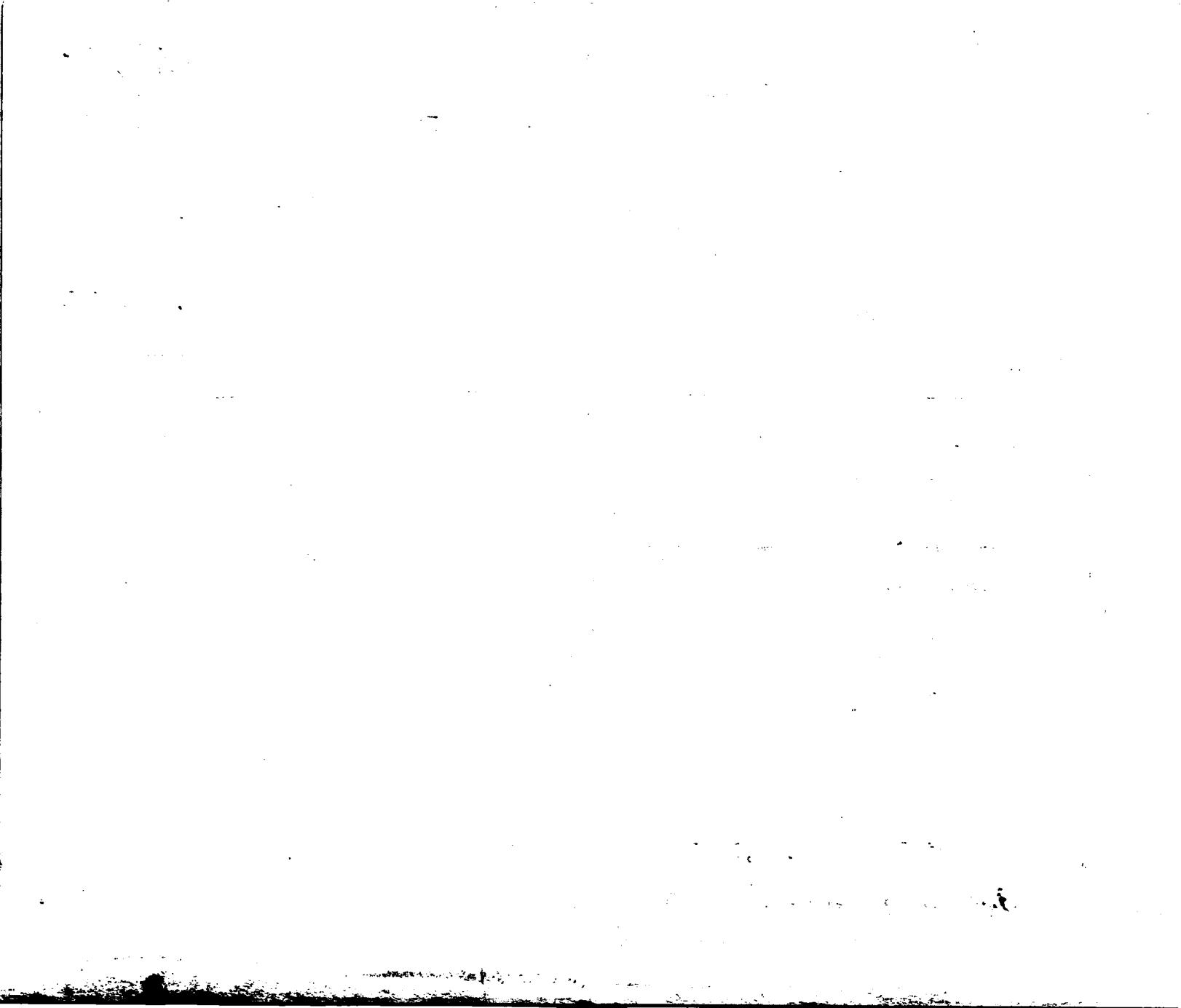
Jean A. Beatty

26. FUNERAL DIRECTOR

Beatty Chapel

ADDRESS

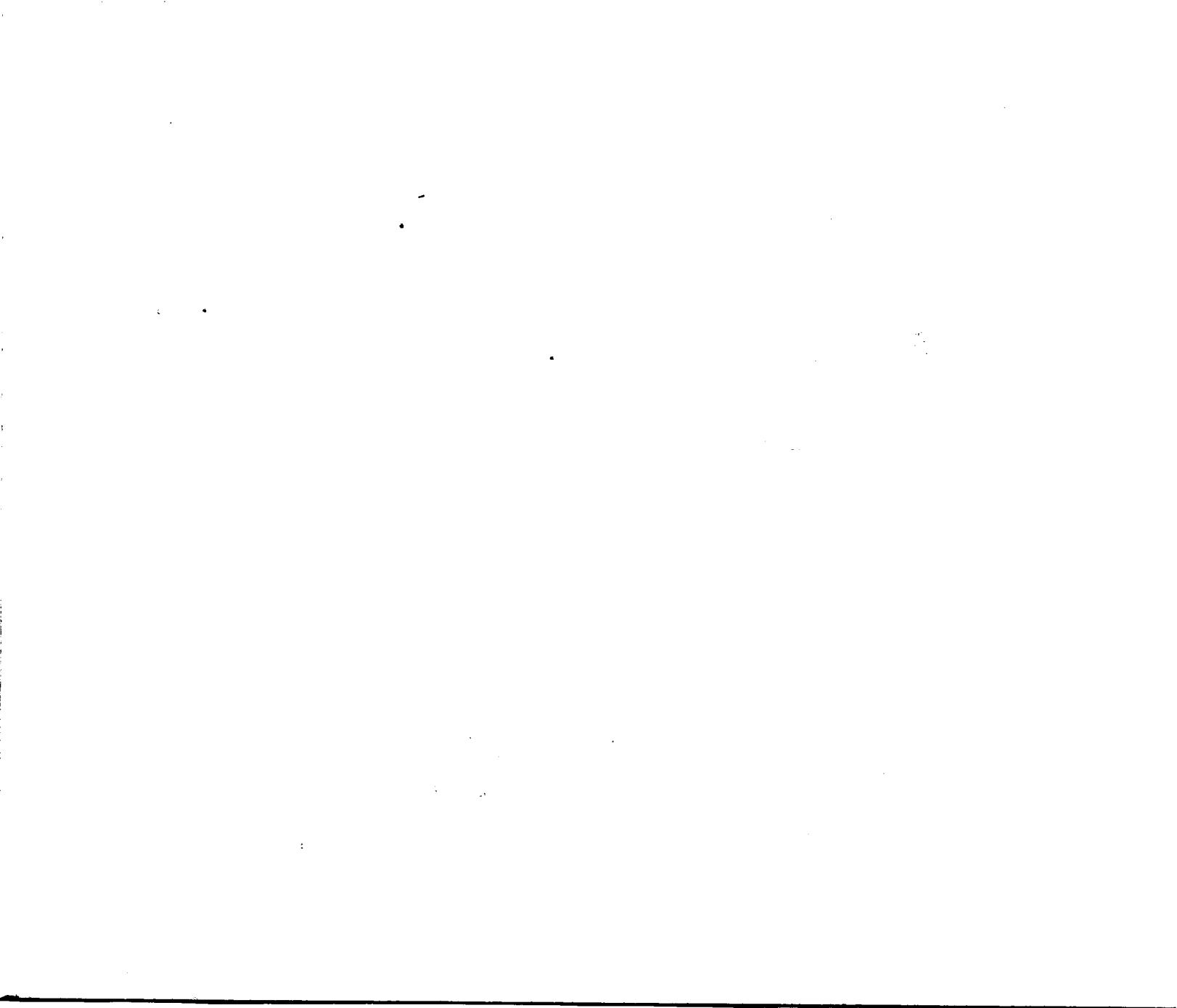
Emmett, Idaho



RECEIVED (1949 Revision of Standard Certificate)

OCT 9 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL Statistics State of IdahoState File No. 149
Local Reg. No. 124-23
Reg. Dist. No. 420

1. PLACE OF STILLBIRTH a. COUNTY Gooding		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gooding	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gooding Memorial Hospital		d. STREET ADDRESS (If rural, give location) Rt. 1	
3. CHILD'S NAME (Type or Print) Infant Boy Black			
4. SEX Male	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 25, 1951
7. FATHER'S NAME Walter	a. (First) b. (Middle) W.	c. (Last) Black	8. COLOR OR RACE White
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Utah	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME Eileen	a. (First) b. (Middle)	c. (Last) Davies	13. COLOR OR RACE White
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Walter W. Black	18a. LENGTH OF PREG. 37 weeks NANCY 34 WEEKS		
18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date (- 8 - 5)	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Old Interventions if The placenta Y36.5	
20b. MATERNAL CAUSES		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Walter S. Anderson	
		23b. DATE SIGNED 9-24-51	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL CREMATION REMOVAL (Specify) Burial		25b. DATE 9/28/51	
25c. NAME OF CEMETERY OR CREMATORIALy Elmwood Cemetery		25d. LOCATION (City, town, or county) (State) Gooding, Idaho	
DATE REC'D BY LOCAL REG. REG.		26. FUNERAL DIRECTOR J. Thompson Chapel ADDRESS GOODING, IDAHO	



SEP 21 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

150

Local Reg. No.

4

Reg. Dist. No.

240

1. PLACE OF STILLBIRTH

a. COUNTY

IDAHO

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN GRANGEVILLEc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION GENERAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE IDAHO

b. COUNTY IDAHO

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN GRANGEVILLEd. STREET
ADDRESS (If rural, give location)

3. CHILD'S NAME

(Type or Print)

DOROTHY

ANN

STROUP

4. SEX

FEMALE

5a. THIS BIRTH

SINGLE

TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month) (Day) (Year)

Sept. 5, 1951

7. FATHER'S
NAME

CHARLES

a. (First)

b. (Middle)

V.

c. (Last)

STROUP

8. COLOR OR RACE

white

9. AGE (At time of this birth)

39

YEARS

10. BIRTHPLACE (State or foreign country)

Harrington, Wash.

11a. USUAL OCCUPATION

dry cleaner

11b. KIND OF BUSINESS OR INDUSTRY

clothing

12. MOTHER'S
MAIDEN
NAME

DOROTHY

ALICE

LEWIS

13. COLOR OR RACE

white

14. AGE (At time of this birth)

36

YEARS

15. BIRTHPLACE (State or foreign country)

Dillon, Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

3

b. How many children were born alive but are now dead?

NONE

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

none

17. INFORMANT

Charles D. Stroup

18a. LENGTH OF PREG-

NANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes No
Approximate date 15 Feb 51CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

anencephalic monster X38.0

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

massive edema of legs.

22. STATE ALL OPERATIONS FOR DELIVERY

Caesarean Section (Cervix vaginal repair)

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

Donald Saltman M.D.

(Specify if M.D., midwife, or other)

23c. ATTENDANT'S ADDRESS

Grangeville, Idaho

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL CREMA-
TION/REMOVAL (Specify)25b. DATE
Sept. 5, 1951

25c. NAME OF CEMETERY OR CREMATORIUM

RAIRIEVIEW

EXT. LOCATION (City, town, or county)

(State)

GRANGEVILLE IDAHO

IDAHO

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

Sept. 5, 1951, Anna Cone J. G. Schuster

Grangeville

HTW1844-150 3712-718782

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संस्कृत विद्या की विविधता और उनकी विविधता

卷之三

10. The following table gives the number of hours per week spent by students in various activities.

Demandas y reclamaciones de los vecinos de la villa a la alcaldía

DEPARTMENT OF STATE

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1920-21 - 1921-22

卷之三

1960-1961

Hans G. H. - 2024 RELEASE UNDER E.O. 14176

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1960-1961

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1920-21 - 1921-22

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(1949 Revision of Standard Certificate)

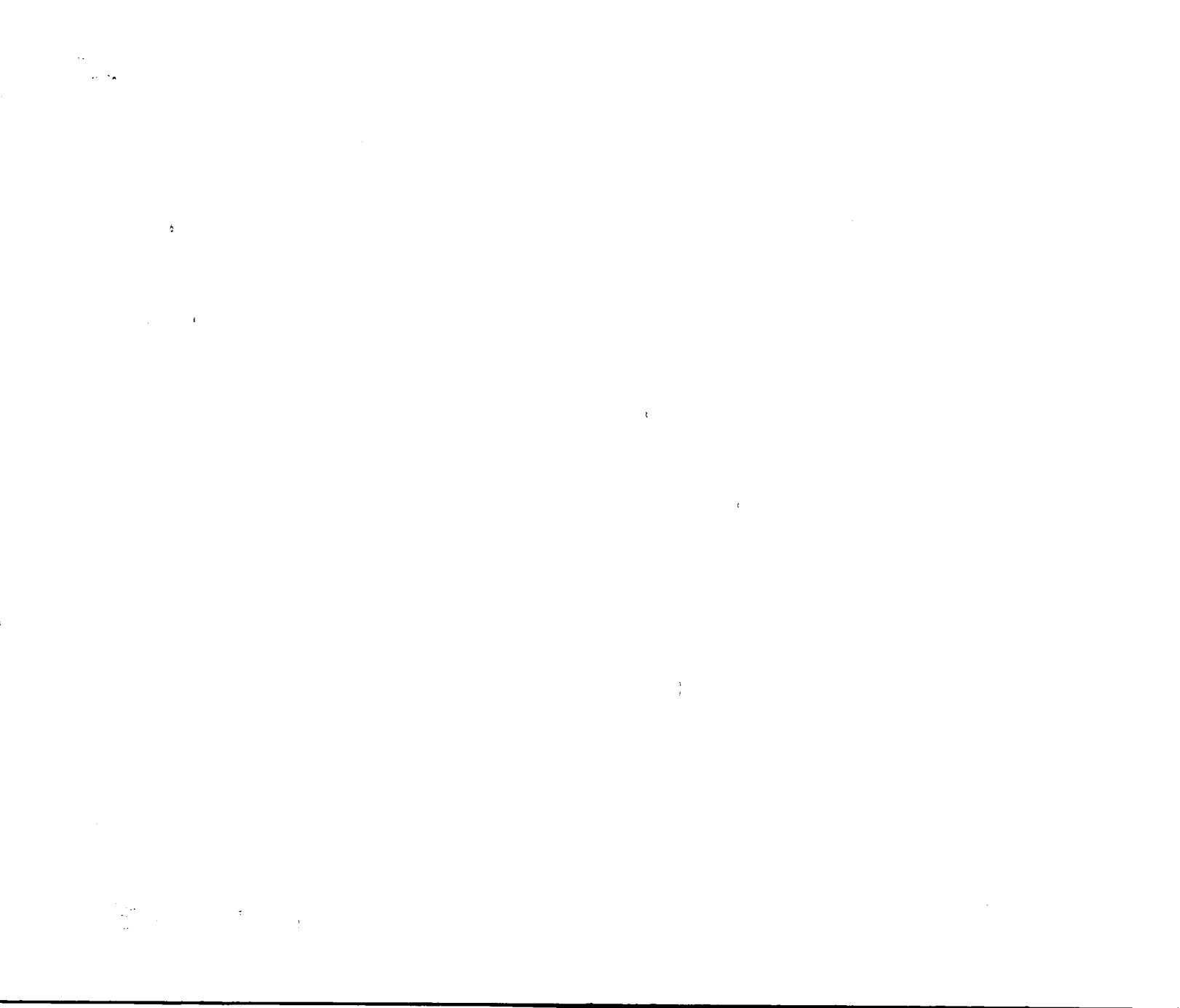
State File No. 151
Local Reg. No. 112
Reg. Dist. No. 242

OCT 11 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>22 " E " West 6th St.</u>	
3. CHILD'S NAME (Type or Print) <u>Robert Michael Lethrop</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 27, 1951</u>
7. FATHER'S NAME <u>Robert</u>	a. (First) <u>Robert</u>	b. (Middle) <u></u>	c. (Last) <u>Lethrop</u>
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Mountain Home, Idaho</u>	11a. USUAL OCCUPATION <u>Student</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>Cynthia</u>	a. (First) <u>Cynthia</u>	b. (Middle) <u></u>	c. (Last) <u>Jessess</u>
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Robert Lethrop</u>	18a. LENGTH OF PREGNANCY <u>36</u> WEEKS		
18b. WEIGHT AT BIRTH <u>7 lbs. 12 ozs.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date 3/2/51</u>		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None Apparent</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:15 A.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Clyde Veep, MD</u>	Specify if M. D., midwife, or other <u></u>
		23b. DATE SIGNED <u>10/2/51</u>	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>9-28-1951</u>	25c. NAME OF CEMETERY OR CREMATORIAL <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>10/6/51</u>	REGISTRAR'S SIGNATURE <u>Saint E. Angel</u>	26. FUNERAL DIRECTOR <u>H.R. Short</u>	ADDRESS <u>Moscow, Idaho</u>
Short's Funeral Chapel			



RECEIVED (1949 Revision of Standard Certificate)
OCT 9 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL

State of Idaho

State File No. 152
Local Reg. No. 51
Reg. Dist. No. 4501. PLACE OF STILLBIRTH STATISTICS
a. COUNTY Mnidokab. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Rupertc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Rupert General Hospital3. CHILD'S NAME
(Type or Print) Buckley4. SEX F 5a. THIS BIRTH SINGLE TWIN TRIPLET 5b. IF TWIN OR TRIPLET (This child born) 1ST 2ND 3RD 6. DATE OF (Month) (Day) (Year)
STILLBIRTH 9 - 12 - 517. FATHER'S NAME Alberto Delos Buckleya. (First) Alberto b. (Middle) Delosc. (Last) Buckley8. COLOR OR RACE White9. AGE (At time of this birth)
51 YEARS10. BIRTHPLACE (State or foreign country)
West Jordan, Utah

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

Sugar Factory12. MOTHER'S MAIDEN NAME Wyomaa. (First) Wyoma b. (Middle) -c. (Last) Cell13. COLOR OR RACE White

14. AGE (At time of this birth)

44 YEARS

15. BIRTHPLACE (State or foreign country)
Cowley, Wyoming

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT

Mrs. A. D. Buckley

18a. LENGTH OF PREG-

NANCY

33 WEEKS

18b. WEIGHT AT BIRTH

3 LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date April 1951 y 36.0

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Compression of umbilical cord in Cervix

20b. MATERNAL CAUSES

Uterine inertia - incomplete dilatation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

Breech extractionI hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 P. m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

Rupert, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

23b. DATE SIGNED

TITLE

25a. BURIAL, CREMA-
TION REMOVAL (Specify)DATE REC'D BY LOCAL
REG.25b. DATE 9/13/51 25c. NAME OF CEMETERY OR CREMATORIAL Rupert Cemetery 25d. LOCATION (City, town, or county) (State) Rupert, Idaho

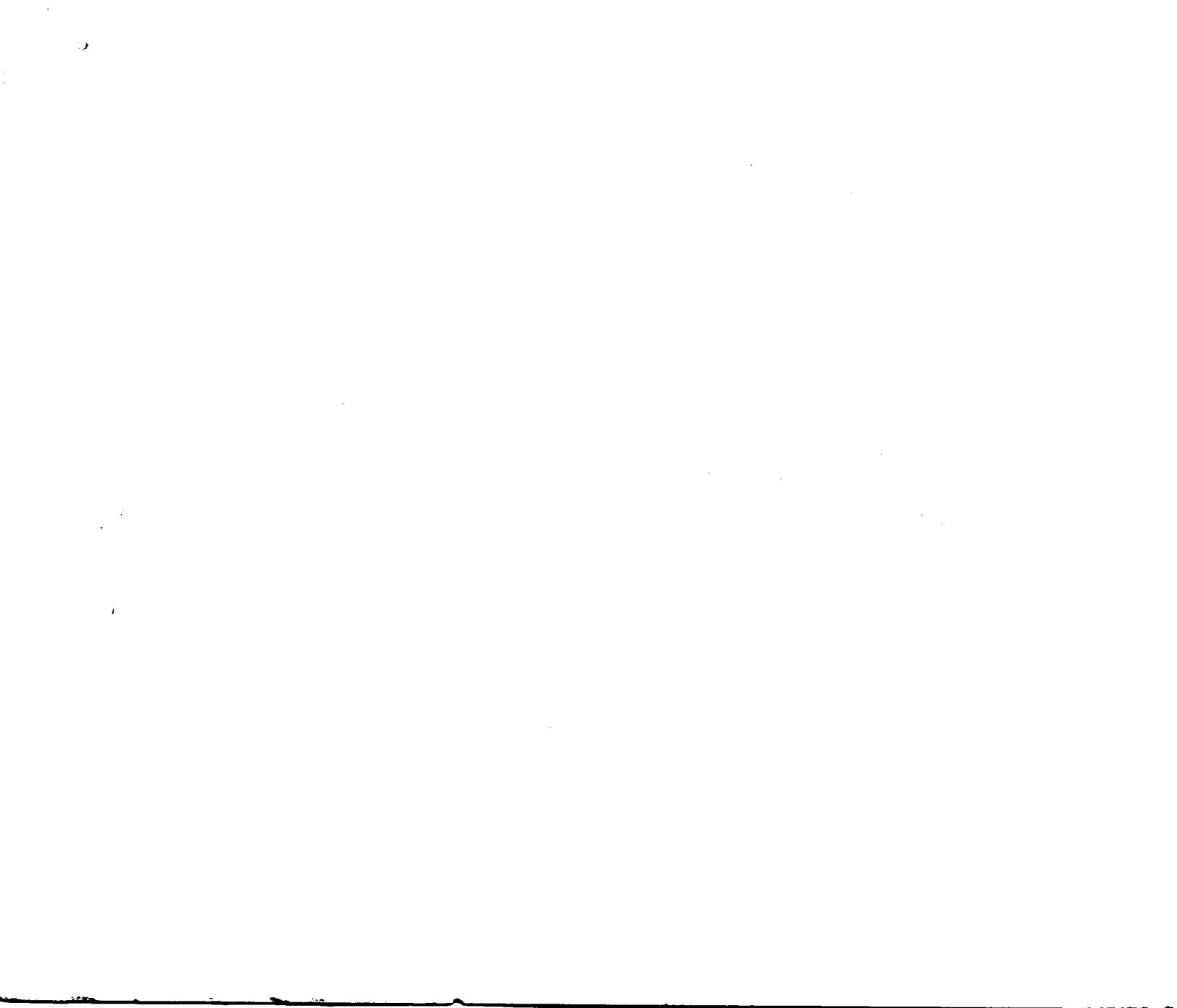
REGISTRAR'S SIGNATURE

E. H. Elmore

26. FUNERAL DIRECTOR

ADDRESS

Allen Goodman, Rupert, Idaho



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

153

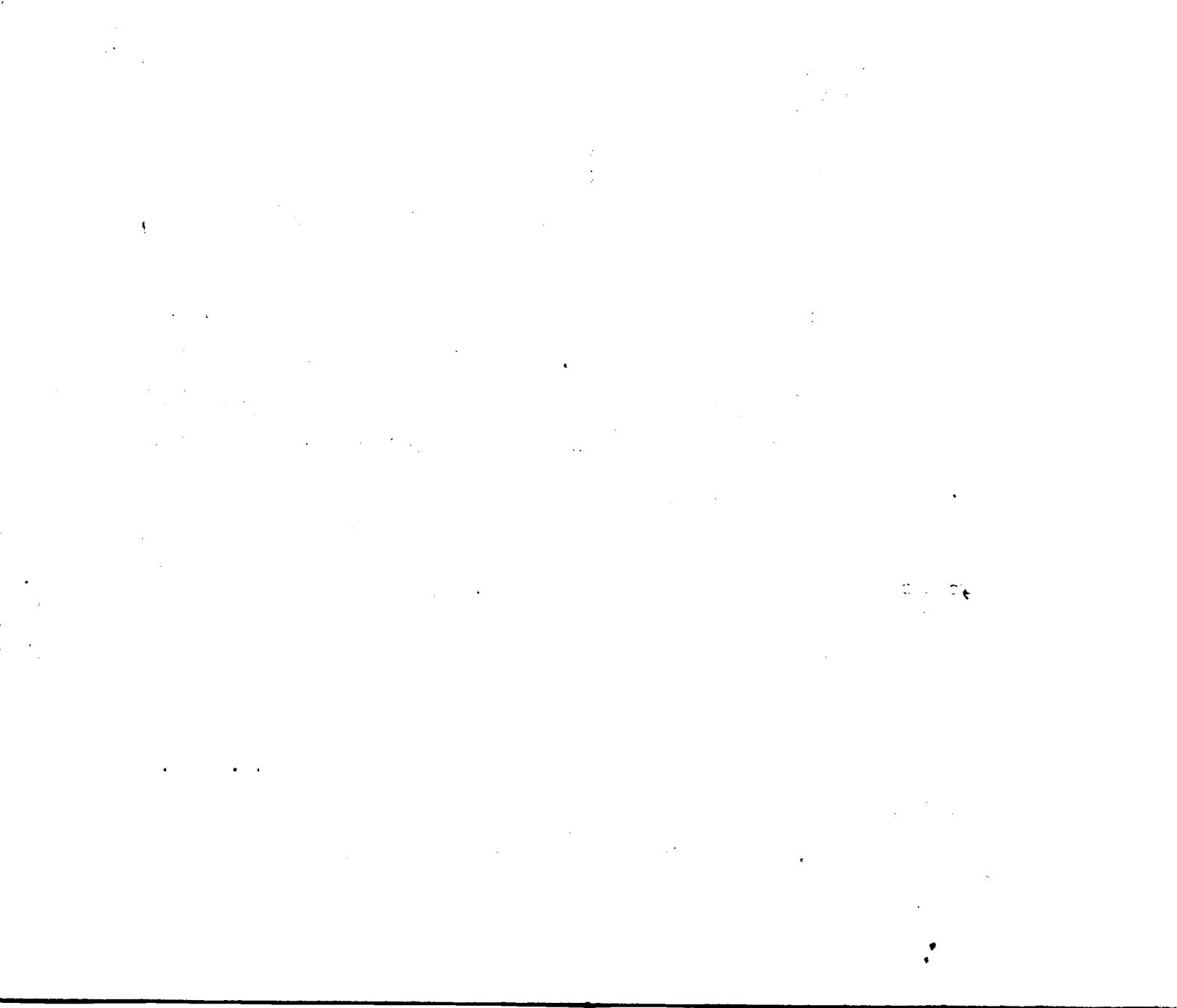
Local Reg. No.

52

Reg. Dist. No.

320

1. PLACE OF STILLBIRTH a. COUNTY Payette Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Payette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Payette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Payette	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Payette Valley Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 1650 - 2nd Avenue South	
3. CHILD'S NAME (Type or Print) ROBERT LEE STRONG			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 2, 1951
7. FATHER'S NAME Elmer	a. (First) Louise	b. (Middle) —	c. (Last) Strong
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Mt. Hood, Oregon USA	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Garage, filling station
12. MOTHER'S MAIDEN NAME NANCY	a. (First) —	b. (Middle) —	c. (Last) Grisshammer
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Bayreuth, Germany	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Elmer R Strong	18a. LENGTH OF PREGNANCY 8½ months 18b. WEIGHT AT BIRTH — LBS. — OZS. 7 lbs. 1 oz. 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb. 20, 1951 y 381		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES hydrocephalic 20b. MATERNAL CAUSES none		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR post partum hemorrhage		22. STATE ALL OPERATIONS FOR DELIVERY normal delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:15 a.m.		23a. ATTENDANT'S SIGNATURE D. C. Darrow (Specify if M. D., midwife, or other)	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. ATTENDANT'S ADDRESS Payette, Idaho 24. SIGNATURE OF AUTHORIZED OFFICIAL M. D. Sept. 2, 1951 TITLE	
25b. DATE Sept. 4, 1951		25c. NAME OF CEMETERY OR CREMATORIAL Riverside Cemetery 25d. LOCATION (City, town, or county) (State) Payette, Idaho	
DATE REC'D BY LOCAL REG. Sept. 4, 1951		REGISTRAR'S SIGNATURE Bessie M. Woodhead Gifford R. Shaffer ADDRESS Payette, Idaho	
26. FUNERAL DIRECTOR Jifford R. Shaffer ADDRESS Payette, Idaho			



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
OCT 18 1951
DIVISION OF VITAL

State File No.

154

Local Reg. No.

142

Reg. Dist. No.

1. PLACE OF STILLBIRTH STATISTICS

a. COUNTY

Schlone

b. CITY (If outside corporate limits, write RURAL and give township or town)

Kellogg

c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

*Warday***3. CHILD'S NAME**

(Type or Print)

*Infant Girl Ochs***4. SEX****5a. THIS BIRTH**

SINGLE

TWIN TRIPLET 1ST 2ND 3RD **6. DATE OF STILLBIRTH***September 14, 1951*

(Month)

(Day)

(Year)

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE*Frederick C.**Ochs**white***9. AGE (At time of this birth)****10. BIRTHPLACE (State or foreign country)***24*

YEARS

*Illinois***11a. USUAL OCCUPATION***Logger***11b. KIND OF BUSINESS OR INDUSTRY***Lumber***12. MOTHER'S MAIDEN NAME**

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE*Lorraine**Bustin**white***14. AGE (At time of this birth)****15. BIRTHPLACE (State or foreign country)***22*

YEARS

*Arkansas***16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)**

a. How many children are now living?

2

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

*0***17. INFORMANT****18a. LENGTH OF PREG-**

NANCY

18b. WEIGHT AT BIRTH

42 WEEKS

LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

*Present**39.6***CAUSE OF STILLBIRTH**

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES*Unknown***20b. MATERNAL CAUSES****21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR***None***22. STATE ALL OPERATIONS FOR DELIVERY***none***23a. ATTENDANT'S SIGNATURE**

(Specify if M. D., midwife, or other)

*C. Gibson MD***23b. DATE SIGNED***25 Sept 51***23c. ATTENDANT'S ADDRESS**

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

**25a. BURIAL, CREMA-
TION REMOVAL (Specify)****25b. DATE****25c. NAME OF CEMETERY OR CREMATORI****25d. LOCATION (City, town, or county)**

(State)

*Burial**9/15/51**Greenwood Cemetery**Kellogg Idaho**DATE REC'D BY LOCAL REG.**9/27/51**REGISTRAR'S SIGNATURE***26. FUNERAL DIRECTOR**

ADDRESS

*John L. Divine**John L. Divine**John L. Divine*

APR 28 1989

RECEIVED

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
OCT 23 1951
State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

155

DIVISION OF VITAL

1. PLACE OF STILLBIRTH

a. COUNTY Shoshone

STATISTICS

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Wallacec. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Providence Hospital

3. CHILD'S NAME

(Type or Print)

Baby Girl Rasmussen

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month) (Day) (Year)

September 24-1951

7. FATHER'S
NAME

a. (First)

Peter

b. (Middle)

Rasmus

c. (Last)

Rasmussen

8. COLOR OR RACE

White

9. AGE (At time of this birth)

44 YEARS

10. BIRTHPLACE (State or foreign country)

Denver, Colorado

11a. USUAL OCCUPATION

Laborer - Sather

11b. KIND OF BUSINESS OR INDUSTRY

Road Construction

12. MOTHER'S
MAIDEN
NAME

a. (First)

Neva

b. (Middle)

Belle

c. (Last)

Colter

13. COLOR OR RACE

White

14. AGE (At time of this birth)

41 YEARS

15. BIRTHPLACE (State or foreign country)

Spokane, Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after weeks pregnancy?)

8 none None

17. INFORMANT

Mrs. Neva Rasmussen,

Mother

18a. LENGTH OF PREG-

NANCY
40 WEEKS

18b. WEIGHT AT BIRTH

7 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date March 1951

20a. FETAL CAUSES

None

20b. MATERNAL CAUSES

Clinical dystocia, prolonged hard labor, fundal uterine hyperplasia.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Clinical dystocia.

22. STATE ALL OPERATIONS FOR DELIVERY

Midforceps

I hereby certify that I

attended the birth of this

child who was born dead

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23a. ATTENDANT'S SIGNATURE

Specify if M. D., midwife, or other

Robert J. Russell, M.D.

23c. ATTENDANT'S ADDRESS

Wallace, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

Dale I. Cornell

ADDRESS

Wallace, Idaho.

25a. BURIAL, CREMATION
OR REMOVAL (Specify)

Burial Sept 25-51

25c. NAME OF CEMETERY OR CREMATORIUM

United

25d. LOCATION (City, town, or county)

Wallace, Idaho.

(State)

Oct 5-1951 Dale I. Cornell

RELEASER'S SIGNATURE

Dale I. Cornell

DATE REC'D BY LOCAL REG.

Oct 5-1951 Wallace

REG. NO.

140

M. Farb

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
OCT 10 1951 **State of Idaho**

State File No. 8 156
Local Reg. No. 460
Reg. Dist. No. 460

DIVISION OF VITAL**STATISTICS**

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Twin Falls	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Twin Falls, Idaho	b. COUNTY	Twin Falls
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Magic Valley Memorial Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Buhl, Idaho
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	Route 2

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	(Month) (Day) (Year) Sept. 27, 1951
7. FATHER'S NAME	3. (First) Karl	b. (Middle)	c. (Last)
			8. COLOR OR RACE White

9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Poland	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
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12. MOTHER'S MAIDEN NAME	a. (First) Marie	b. (Middle)	c. (Last) Dora Schroeder	13. COLOR OR RACE White
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14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Germany	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) <table border="0"> <tr> <td>a. How many children are now living? 2</td> <td>b. How many children were born alive but are now dead? 0</td> <td>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0</td> </tr> </table>			a. How many children are now living? 2	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0
a. How many children are now living? 2	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0					

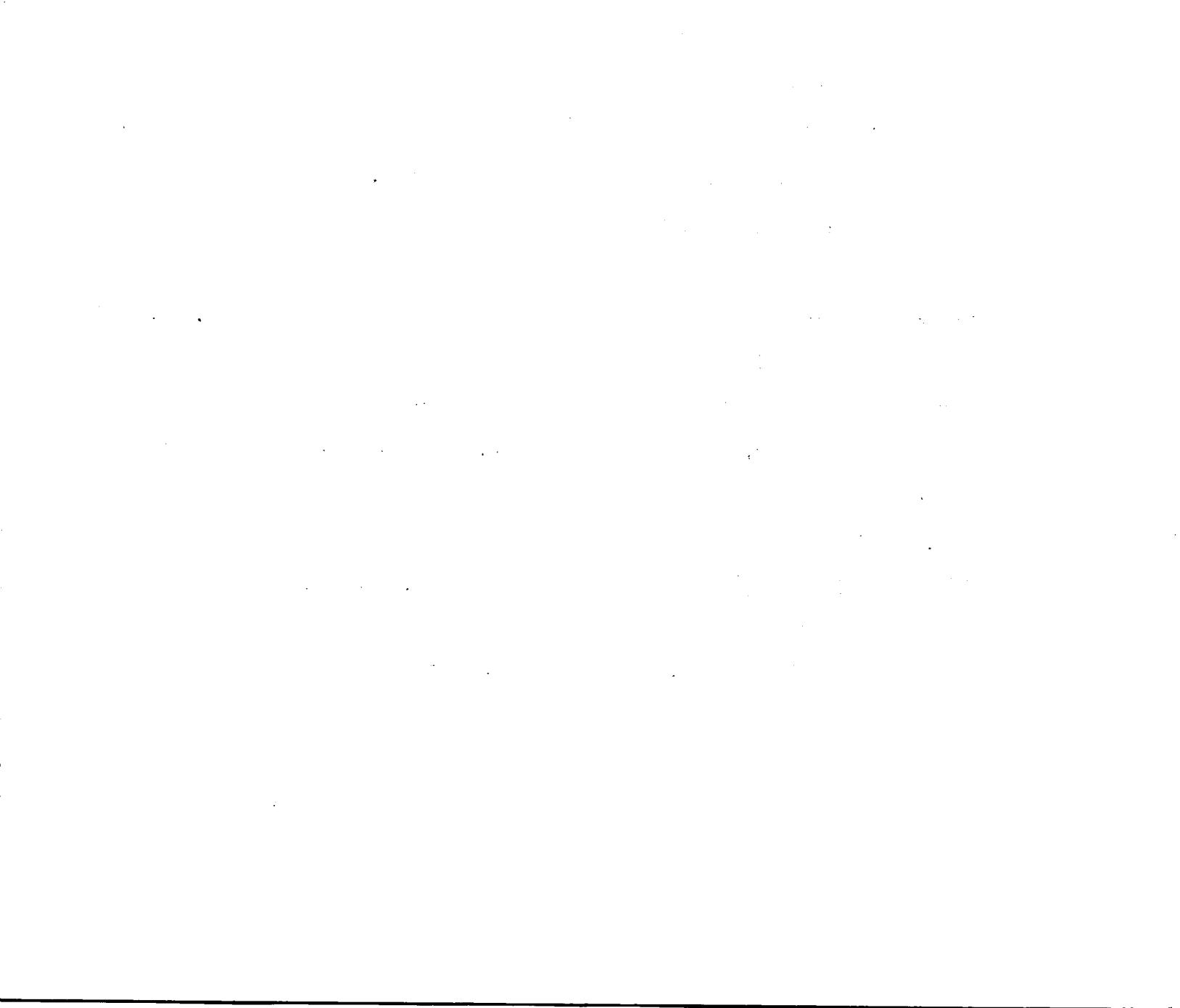
17. INFORMANT Mrs. Marie Bohr	18a. LENGTH OF PREG- NANCY 16 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 13/16 OZS.	19. Was a standard serological test for syphilis performed? Yes Yes No Approximate date Sept. 25, 1951	y 39.2
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES
	20b. MATERNAL CAUSES Rh negative, could be cause, premature labor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
--	---------------------------------------

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>M. A. Drake MD</i>	(Specify I.M.D., midwife, or other)	23b. DATE SIGNED 10-3-51
		23c. ATTENDANT'S ADDRESS <i>Buhl, Idaho</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county)	(State)

DATE REC'D BY LOCAL REG. 10-6-51	REGISTRAR'S SIGNATURE <i>Connie Finch</i>	26. FUNERAL DIRECTOR	ADDRESS
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CERTIFICATE OF STILLBIRTH

NOV 7 1951

State of Idaho

State File No.

157

Local Reg. No. 382

Reg. Dist. No. 370

DIVISION OF VITAL

1. PLACE OF STILLBIRTH

a. COUNTY

Ada

STATISTICS

b. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN Boise,

c. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St Alphonsus Hospital.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho.

b. COUNTY

Ada

c. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN

Boise,

d. STREET ADDRESS

(If rural, give location)

1305. Juanita Street.

3. CHILD'S NAME

(Type or Print)

Joseph Darrell Raby.

4. SEX

5a. THIS BIRTH

Male.

SINGLE TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF

STILLBIRTH

(Month)

(Day)

(Year)

October. 17. 1951.

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

Sammy

Junior

Raby.

White.

9. AGE (At time of this birth)

26

YEARS

10. BIRTHPLACE (State or foreign country)

Payette, Idaho.

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

Construction Worker.

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

Begona.

Rosie

Eiguren.

13. COLOR OR RACE

White.

14. AGE (At time of this birth)

21

YEARS

15. BIRTHPLACE (State or foreign country)

Jordan Valley, Ore.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

None.

None.

None.

17. INFORMANT

Sammy Raby 1305 Juanita St.

Term weeks

Approx.

LBS.

8 OZS.

Was a standard serological test for syphilis performed? Yes No

Approximate date Y36.0

18a. LENGTH OF PREG.

NANCY

18b. WEIGHT AT BIRTH

18c. Was a standard serological test for syphilis performed? Yes No

Approximate date

18d. APPROXIMATE DATE

18e. APPROXIMATE DATE

18f. APPROXIMATE DATE

18g. APPROXIMATE DATE

18h. APPROXIMATE DATE

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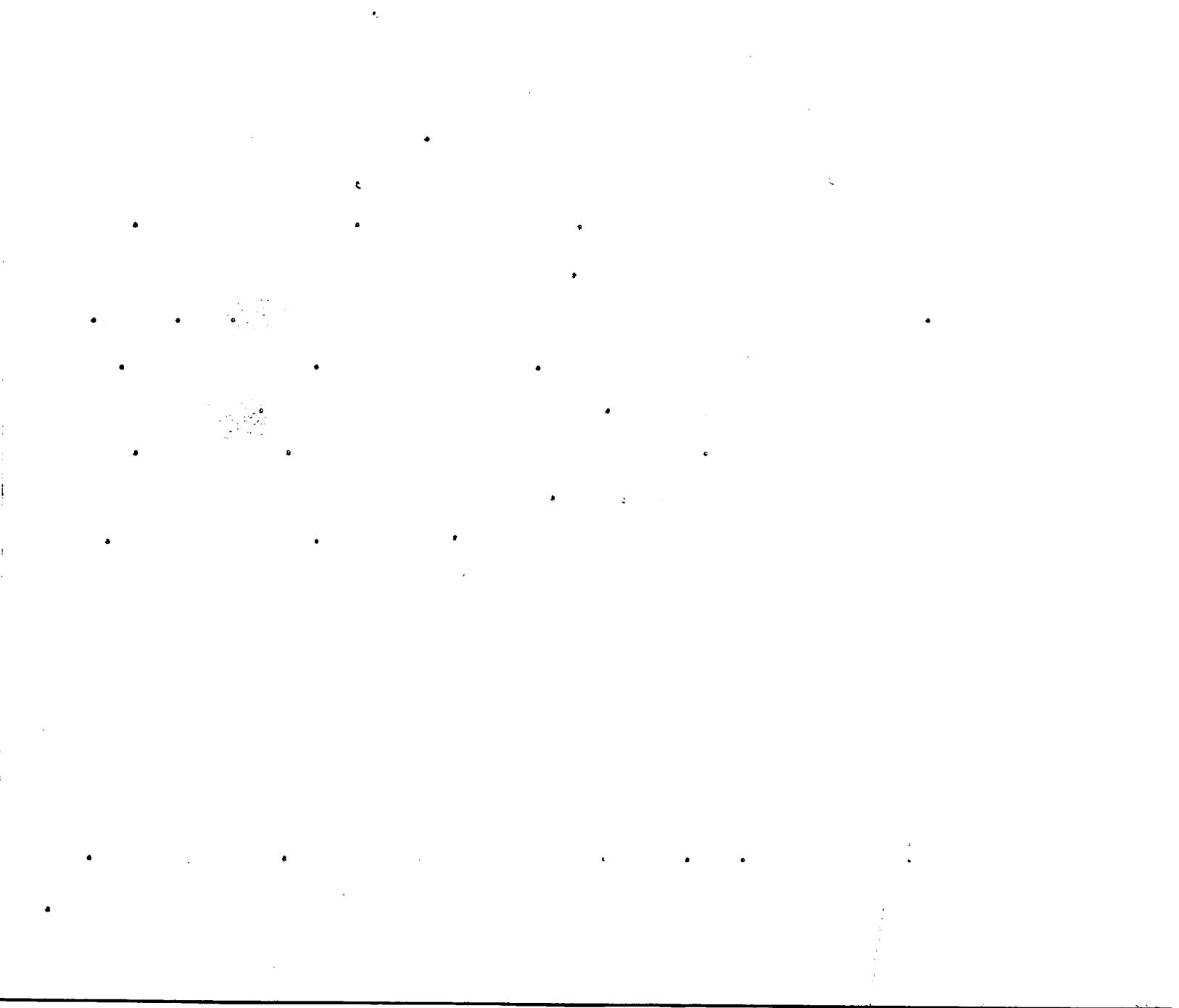
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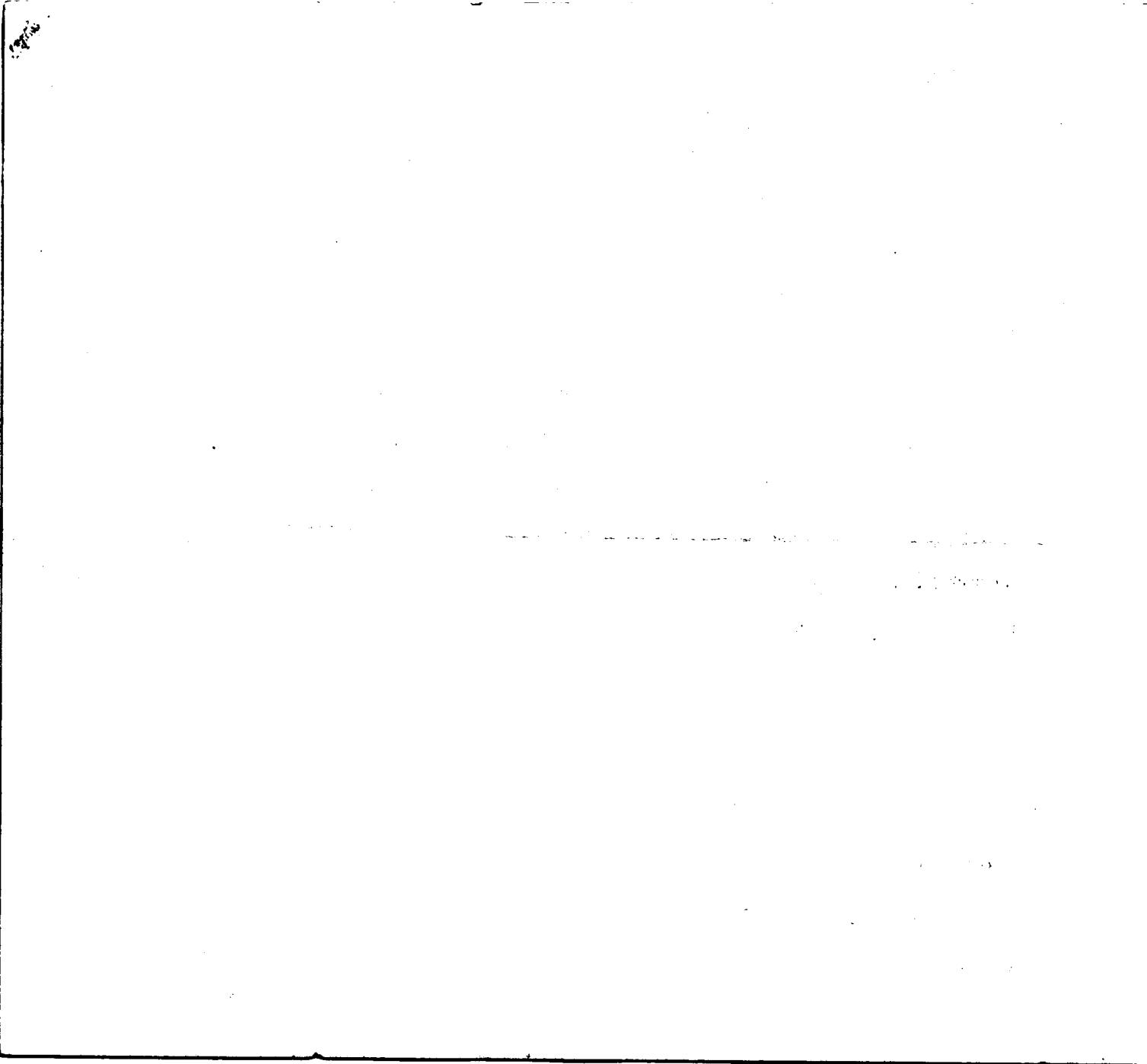
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEDIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS State of IdahoState File No.
Local Reg. No. 279
Reg. Dist. No. 5-4

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)					
a. COUNTY	Bannock	a. STATE	Idaho				
b. CITY (If outside corporate limits, write RURAL and give township or town)	Pocatello	b. COUNTY	Bannock				
c. FULL NAME OF HOSPITAL OR INSTITUTION	St. Anthony Mercy Hospital	c. CITY (If outside corporate limits, write RURAL and give township or town)	Pocatello				
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)					
Baby Girl George		Naval Ordnance Plant					
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF STILLBIRTH (Month)	(Day)	(Year)	
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	10	12	51
7. FATHER'S NAME	a. (First) Gordon	b. (Middle) Withers	c. (Last) George	8. COLOR OR RACE White			
9. AGE (At time of this birth)	27 YEARS	10. BIRTHPLACE (State or foreign country)	Burton, Idaho	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY Chief Hospital Corpman U.S. Navy		
12. MOTHER'S MAIDEN NAME	a. (First) Donna	b. (Middle) Fay Marie	c. (Last) Hilleboe	13. COLOR OR RACE White			
14. AGE (At time of this birth)	26 YEARS	15. BIRTHPLACE (State or foreign country)	Portland, Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT		Donna F.M. George Mother					
18a. LENGTH OF PREG-	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed?	Yes No				
NANCY 28 WEEKS	3 LBS. 2 OZS.	Approximate date	Y39.5				
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>not known</i>						
	20b. MATERNAL CAUSES <i>Premature Rupture of membranes</i>						
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <i>Read before delivery</i>					
<i>I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:10 p.m.</i>		23a. ATTENDANT'S SIGNATURE <i>Ralph B. Keysted</i>		(Specify M.D., midwife, or other) <i>M.D.</i>		23b. DATE SIGNED <i>10.17.51</i>	
		23c. ATTENDANT'S ADDRESS <i>Pocatello clinic</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Jack Henderson</i>		TITLE <i>Jack Henderson</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE <i>Oct. 15, 1951</i>		25c. NAME OF CEMETERY OR CREMATORIAL <i>Mountain View Cemetery</i>		25d. LOCATION (City, town, or county) <i>Pocatello</i> (State) <i>Idaho</i>	
Burial		REGISTRAR'S SIGNATURE <i>Jessie J. Powell</i>		26. FUNERAL DIRECTOR <i>Jack Henderson</i>		ADDRESS <i>Pocatello, Idaho</i>	
DATE REC'D BY LOCAL REG.		Oct. 15, 1951					



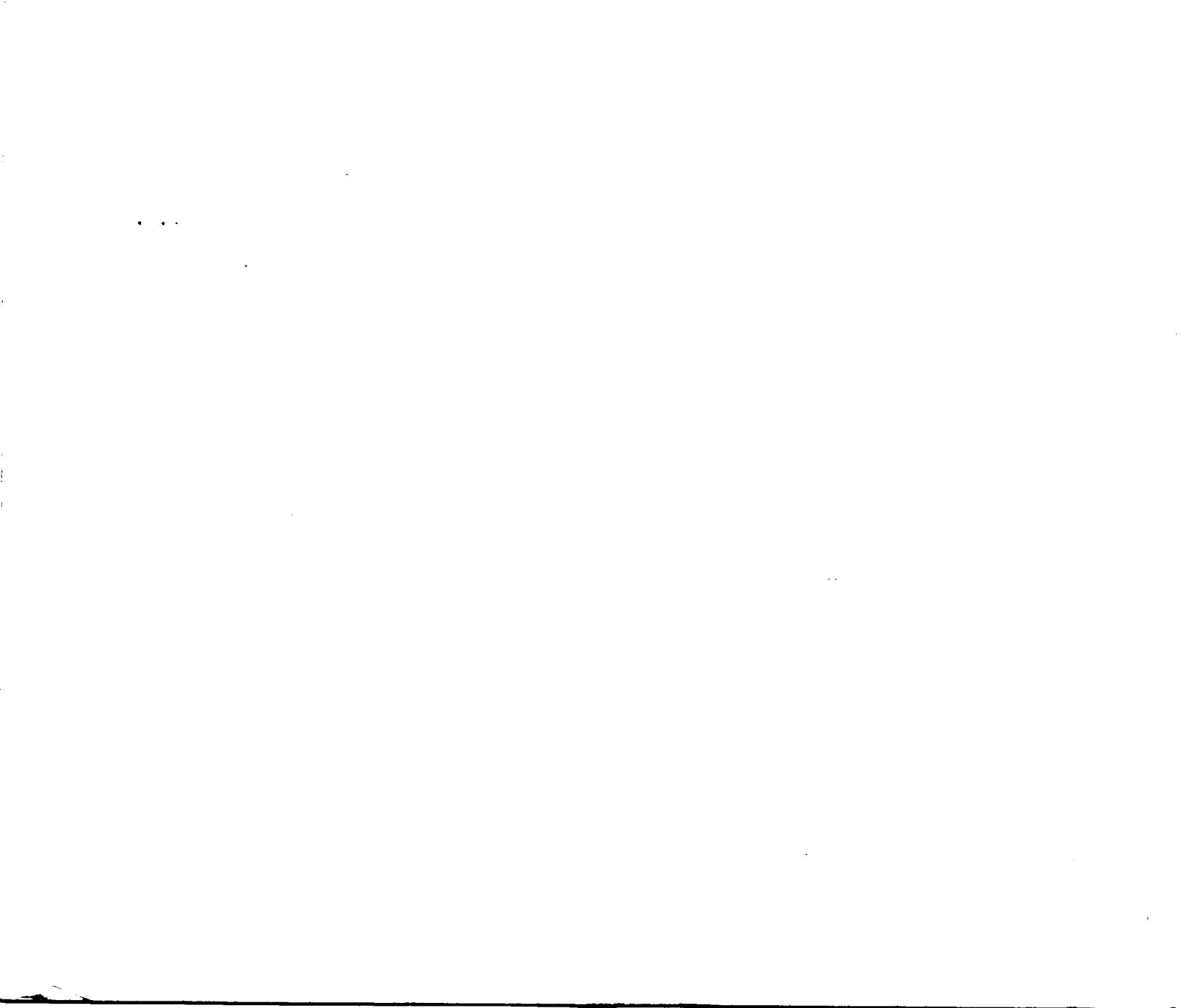
OCT 11 1951 Revision of Standard Certificate

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 159
Local Reg. No. 1164
Reg. Dist. No. 608

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bingham	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Blackfoot	b. COUNTY	Bingham
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Bingham Memorial Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Rural - Springfield
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
Raymond James Jackson		Rural - Pingree R.F.D.	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Oct. 6, 1951
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
	George		Jackson
8. COLOR OR RACE	White		
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Pingree, Idaho	Farming	Agriculture
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Delta	Glenell	Tanner
13. COLOR OR RACE	White		
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
29 YEARS	Blackfoot, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	George R. Jackson	2	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
	Pingree	none	none
18a. LENGTH OF PREG-	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes _____ No _____	
37 WEEKS	- LBS. - OZS.	Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Cord tied around neck</i>		
	20b. MATERNAL CAUSES <i>None</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>27 3+ Placenta + Hyperpl</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>10:47 p.m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Dr. Pauline M. D.</i>	
		23b. DATE SIGNED <i>10-7-51</i>	
23c. ATTENDANT'S ADDRESS <i>Blackfoot, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE 10-8-51	25c. NAME OF CEMETERY OR CREMATORIAL Springfield Cemetery	25d. LOCATION (City, town, or county) (State) Springfield, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Mrs. Walter E. Latimer</i>	26. FUNERAL DIRECTOR <i>Edward Packham</i>	ADDRESS Blackfoot, Idaho

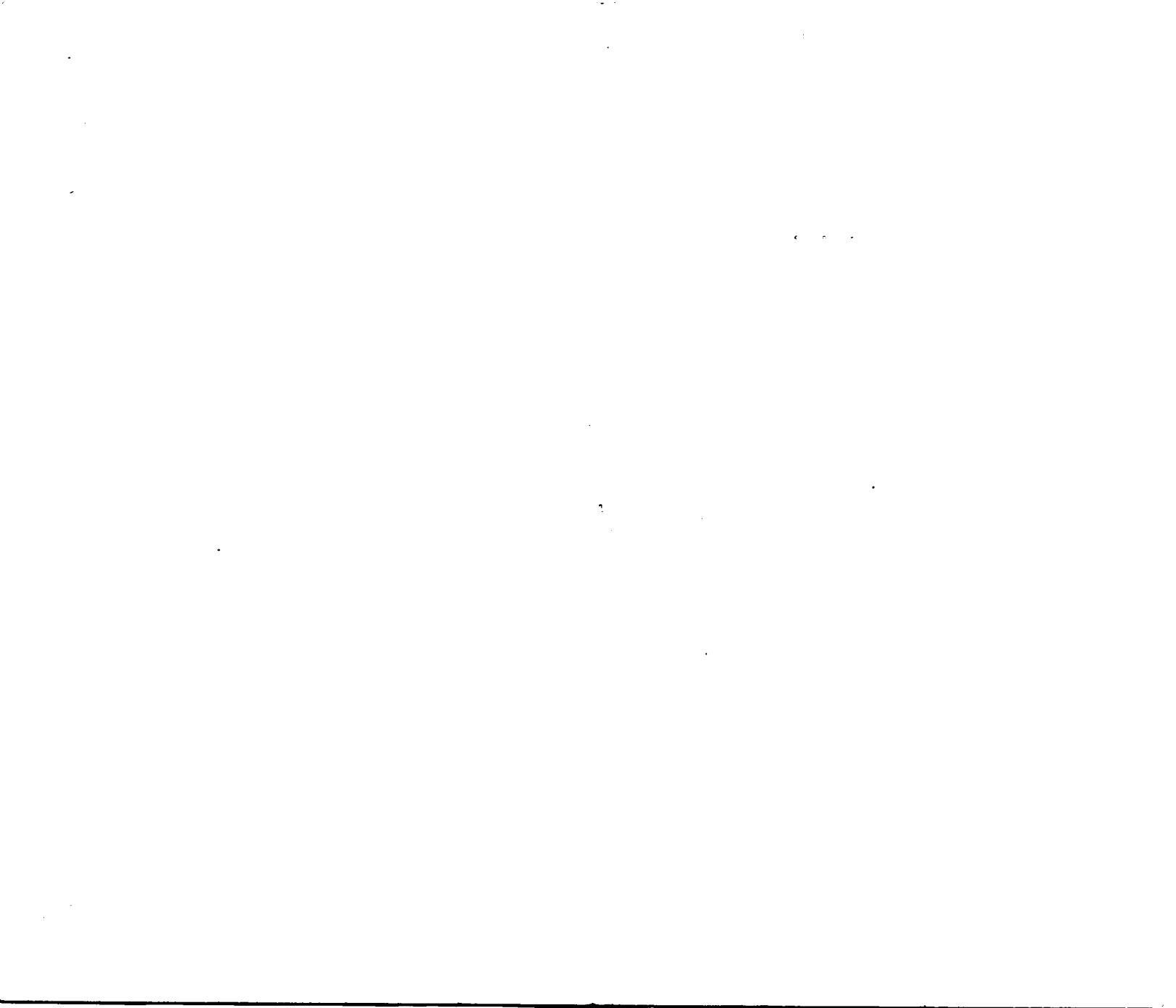


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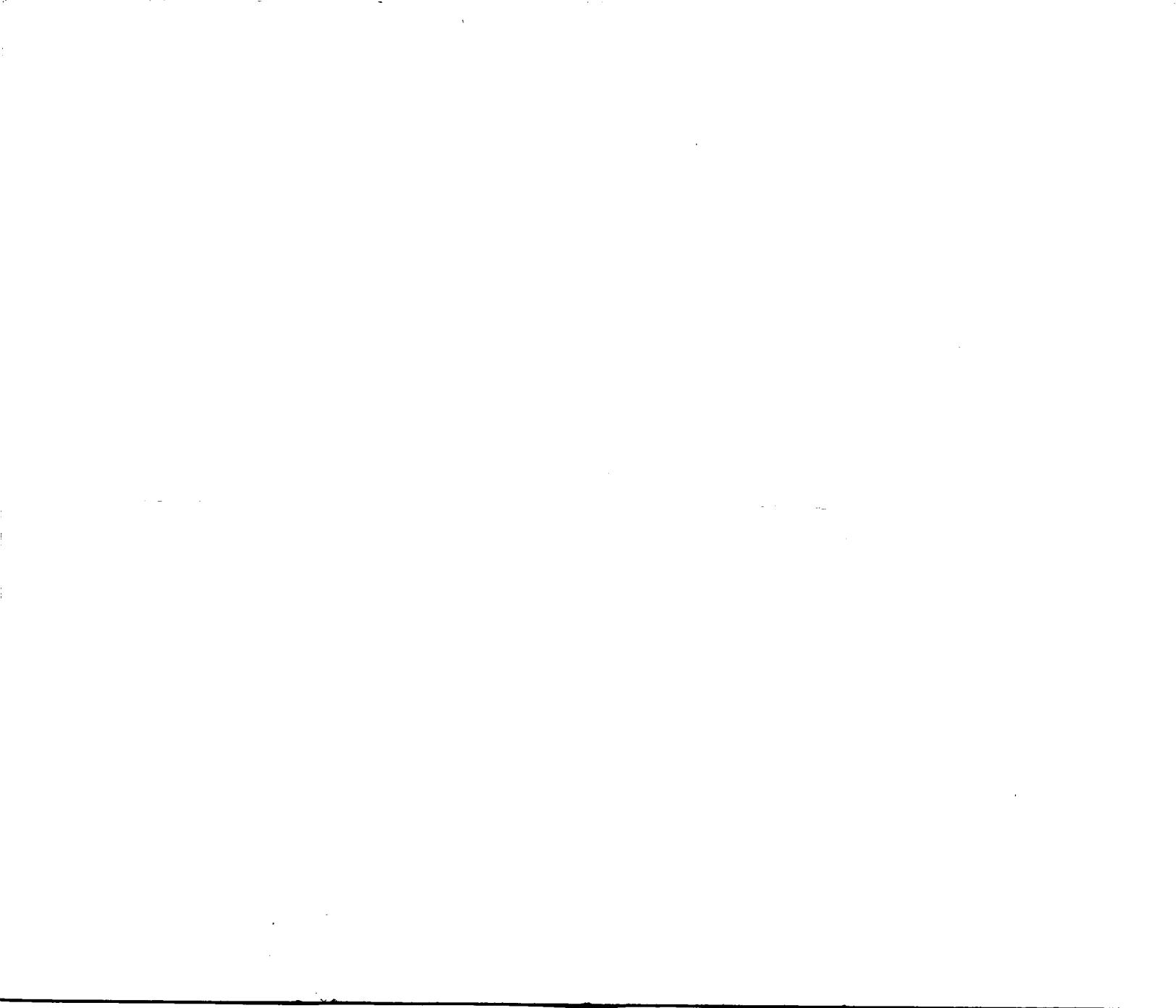
NOV 13 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS State of IdahoState File No. 160
Local Reg. No. 227
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) 336 E 23 St	
3. CHILD'S NAME (Type or Print) Baby Strobel			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct 4 1951
7. FATHER'S NAME Joseph	a. (First) Edwin	b. (Middle) Strobel	c. (Last) White
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) New York City, N.Y.	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Shawna	a. (First) Ellison	b. (Middle) Strobel	c. (Last) White
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none no no none	
17. INFORMANT <i>Judge Edwin Strobel</i>	18a. LENGTH OF PREG. NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <i>136.0</i>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Cord twisted & wrapped about the neck</i>		
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE <i>Milton T. Ross M.D.</i>	(Specify if M. D., midwife, or other) m
		23b. DATE SIGNED <i>Oct 8, 1951</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Oct 6, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Fielding Memorial Cemetery
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>Anna Bridges</i>	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
26. FUNERAL DIRECTOR <i>Jack A. Wood</i>		ADDRESS Idaho Falls, Idaho	



NOV 13 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL RECORDS State of IdahoState File No.
Local Reg. No. 230
Reg. Dist. No. 610
161

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart		d. STREET ADDRESS (If rural, give location) 615 Cleveland	
3. CHILD'S NAME (Type or Print) Infant Hill			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 4, 1951
7. FATHER'S NAME	a. (First) Tillman Leonard Hill	b. (Middle)	c. (Last)
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY City of Idaho Falls.
12. MOTHER'S MAIDEN NAME Norma Robins	b. (Middle)	c. (Last)	13. COLOR OR RACE White
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Iona, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Leonard Hill	18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 1951 y 37,8
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Cause unknown. Questionable intra cranial hemorrhage. 20b. MATERNAL CAUSES None.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Slow cervical dilatation - 12 hours labor		22. STATE ALL OPERATIONS FOR DELIVERY R. M. Hospital	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3 p.m.		23a. ATTENDANT'S SIGNATURE <i>J. D. Davis</i>	(Specify if M. D., midwife, or other)
23c. ATTENDANT'S ADDRESS —		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE Oct 6, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Oct. 15-1951	REGISTRAR'S SIGNATURE <i>Laura Bridges</i>	26. FUNERAL DIRECTOR Jack A. Wood Jr.	ADDRESS Idaho Falls, Idaho



NOV 13 1951 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

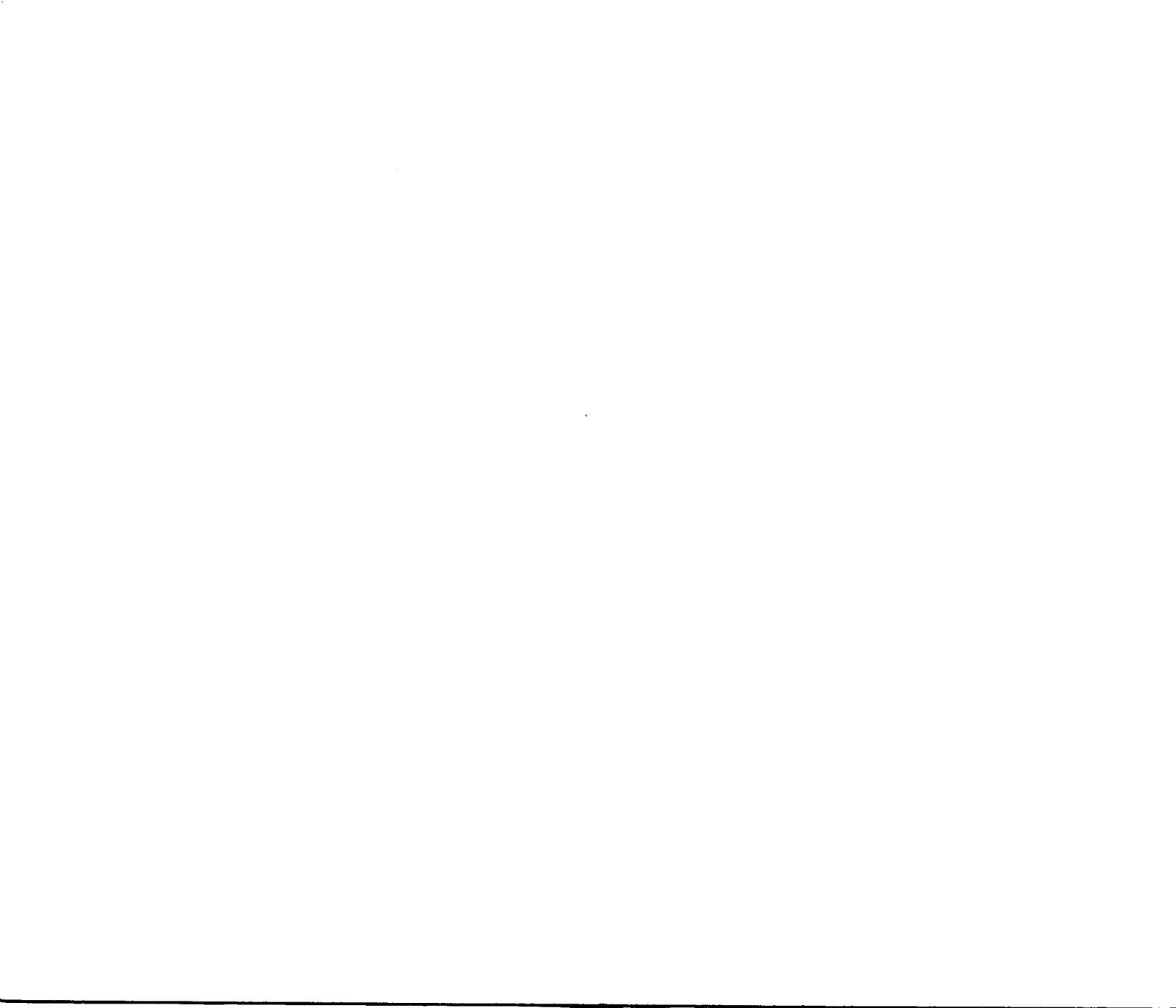
DIVISION OF VITAL STATISTICS

State of Idaho

152

State File No.
 Local Reg. No. 226
 Reg. Dist. No. 610

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bonneville	a. STATE	Utah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Idaho Falls	b. COUNTY	DAVIS
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Sacred Heart	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Clearfield
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
Stillbirth		General Delivery	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Oct. 10, 1951
7. FATHER'S NAME	a. (First) SIDORO	b. (Middle) *	c. (Last) ESCOODEDO
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
17 YEARS	Forsyth, Mont.	Labor	Farm
12. MOTHER'S MAIDEN NAME	a. (First) Zulema	b. (Middle) *	c. (Last) MARADO
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
14 YEARS	Mercedes, Texas	a. How many children are now living? None	b. How many children were born alive but are now dead? None
17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None		
Jadore Escobedo Jr.			
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity</i>	
		20b. MATERNAL CAUSES <i>Toxemia of pregnancy</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
		<i>John Haton MD</i>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL	23b. DATE SIGNED
		If NOT attended by physician	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE Oct. 1, 51	25c. NAME OF CEMETERY OR CREMATORIAL Rose Hill Cemetery
		25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho	
DATE REC'D BY LOCAL REG.		26. FUNERAL DIRECTOR <i>James W. Wilson</i>	ADDRESS <i>1212 W. Wilson St. Marks</i>
REG.		REGISTRAR'S SIGNATURE <i>Anna Biggs</i>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 DIVISION OF VITAL Statistics State of Idaho

153

State File No.

Local Reg. No. 39

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH

a. COUNTY

Bonneville

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sacred Heart

3. CHILD'S NAME

(Type or Print)

INFANT FAGER

4. SEX

5a. THIS BIRTH

Male

5b. IF TWIN OR TRIPLET (This child born)

1ST

2ND

3RD

6. DATE OF (Month) (Day) (Year)

October 26 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Lawrence

Albert

Fager

8. COLOR OR RACE

White

9. AGE (At time of this birth)

44

YEARS

10. BIRTHPLACE (State or foreign country)

Nebraska

11a. USUAL OCCUPATION

Bldg. Contractor

11b. KIND OF BUSINESS OR INDUSTRY

Building Construction

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Dorothy

Ellen

13. COLOR OR RACE

White

14. AGE (At time of this birth)

35

YEARS

15. BIRTHPLACE (State or foreign country)

Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

3

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

*Lawrence C. Fager*18a. LENGTH OF PREG-
NANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes _____ No _____

20a. FETAL CAUSES

Rupture of umbilical cord

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

*None*I hereby certify that I attended the birth of this child who was born dead on the date stated above at *m.*

23a. ATTENDANT'S SIGNATURE

B. S. Bain & Associates

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

10-31-51

23c. ATTENDANT'S ADDRESS

*200 S. 1st St., Suite 200*IF NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

Oct. 27, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Fielding Mem. Park

25d. LOCATION (City, town, or county)

(State)

Bonneville

Idaho

DATE REC'D BY LOCAL REG.

Oct. 31-1951

REGISTRAR'S SIGNATURE

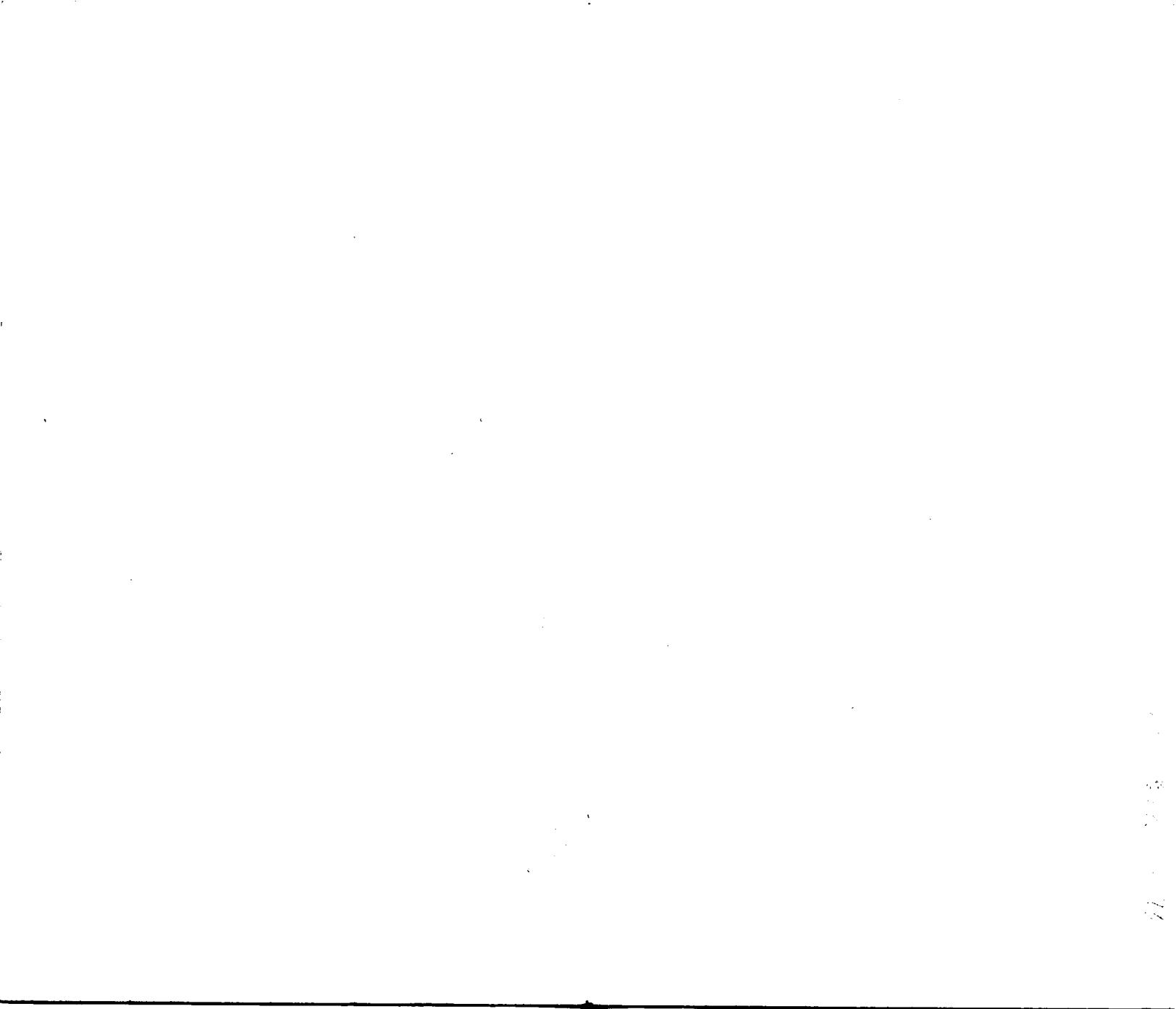
Laura Budgen

26. FUNERAL DIRECTOR

Orland Coates

ADDRESS

Idaho Falls,
Idaho



PHS-797(VS)

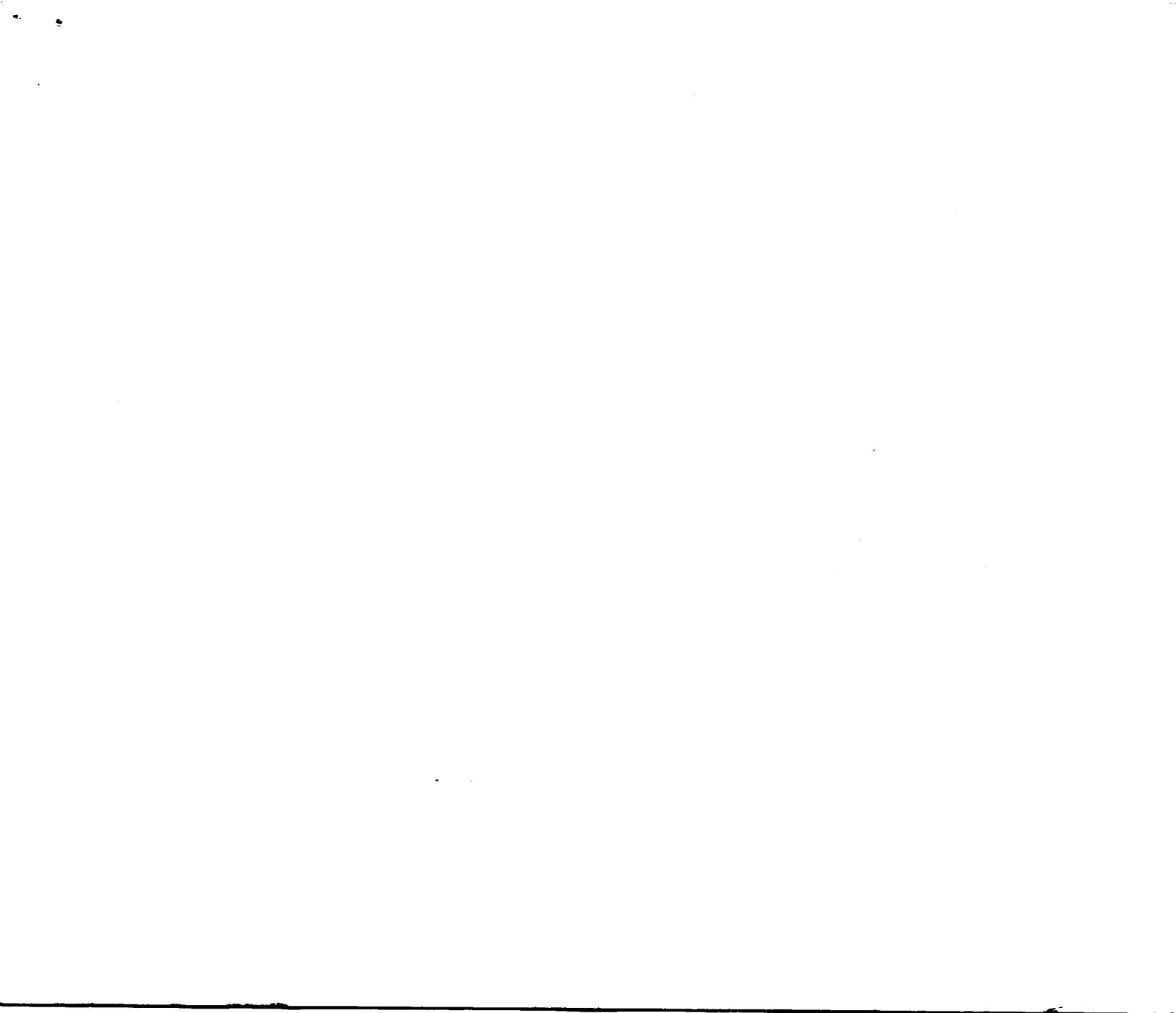
4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICERECEIVED
NOV 14 1951
DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

State File No. 154
Local Reg. No.
Reg. Dist. No.CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <i>Butte</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Arco</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cobalt</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Dr. Reiner's office</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Derry K. Watson</i>			
4. SEX <i>M.</i>	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>October 30 1951</i>
7. FATHER'S NAME <i>Joseph J. Watson</i>	a. (First) <i>Joseph</i> b. (Middle) <i>J.</i> c. (Last) <i>Watson</i>	8. COLOR OR RACE <i>W</i>	
9. AGE (At time of this birth) <i>28</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Rexburg Idaho</i>	11a. USUAL OCCUPATION <i>Electrician</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Electrical</i>
12. MOTHER'S MAIDEN NAME <i>Edith V. Kimball</i>	a. (First) <i>Edith</i> b. (Middle) <i>V.</i> c. (Last) <i>Kimball</i>	13. COLOR OR RACE <i>W.</i>	
14. AGE (At time of this birth) <i>20</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Pocatello Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>y36.2</i>	
17. INFORMANT <i>J. J. Watson Cobalt, Idaho</i>	18a. LENGTH OF PREG- NANCY WEEKS		
18b. WEIGHT AT BIRTH LBS. <i>7</i> OZS. <i>0</i>		19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Premature separation of the placenta.</i>	
20b. MATERNAL CAUSES <i>Pre-eclampsia</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Pre-eclampsia, severe</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>11 a.m.</i>		23a. ATTENDANT'S SIGNATURE <i>J. Reiner</i> <i>McL</i> (Specify if M.D., midwife, or other)	23b. DATE SIGNED <i>11/3/51</i>
		M. D.	
23c. ATTENDANT'S ADDRESS <i>Box 566, Arco, Idaho</i>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Oct. 31-51</i>	25c. NAME OF CEMETERY OR CREMATORIAL <i>Mt. Mc-Caleb</i>	25d. LOCATION (City, town, or county) (State) <i>Mackay Idaho</i>
DATE REC'D BY LOCAL REG. <i>Nov. 12-1951</i>	REGISTRAR'S SIGNATURE <i>Betty J. Marvel</i>	26. FUNERAL DIRECTOR ADDRESS <i>Betty J. Marvel</i> <i>#670</i>	F.D.-19



CERTIFICATE OF STILLBIRTH

NOV 13 1951

State of Idaho

State File No.

155

Local Reg. No. 19

Reg. Dist. No. 340-341

DIVISION OF VITAL

1. PLACE OF STILLBIRTH

a. COUNTY

Gem STATISTICS

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Emmett

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mary Secor Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

b. COUNTY

Idaho

Derm

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Emmett

d. STREET ADDRESS

(If rural, give location)

702 E. 2nd.

3. CHILD'S NAME

(Type or Print)

No Name

4. SEX

7

5a. THIS BIRTH

SINGLE

TWIN TRIPLET 1ST 2ND 3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF
STILLBIRTH (Month) (Day) (Year)

6 PM.

10 - 22 - 51

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Delyle J.

Nebecker

W

9. AGE (At time of this birth)

44

YEARS

10. BIRTHPLACE (State or foreign country)

Rigby, Idaho

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

Farmer

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Alta

Leona

Barker

W

14. AGE (At time of this birth)

34

YEARS

15. BIRTHPLACE (State or foreign country)

Lorenzo, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

6

1

1

17. INFORMANT

Delyle J. Nebecker

18a. LENGTH OF PREGNANCY

35

WEEKS

18b. WEIGHT AT BIRTH

1

LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

Aug. 7, 1951, 36.2

20a. CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Premature separation of placenta

20b. MATERNAL CAUSES

Hypertension

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Hypertension & Abruption placental

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Dr. Newcombe, M.D.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

10-28-51

23c. ATTENDANT'S ADDRESS

Boise, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

Oct. 24, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Riverside

25d. LOCATION (City, town, or county)

Emmett,

(State)
Idaho

DATE REC'D BY LOCAL REG.

Oct. 28, 1951

REGISTRAR'S SIGNATURE

Jean A. Beatty

26. FUNERAL DIRECTOR

John W. Peatty
Peatty Chapel

ADDRESS

Emmett, Ida.



OCT 11 1951 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

166

State File No.

Local Reg. No.

332

Reg. Dist. No.

121

1. PLACE OF STILLBIRTH

a. COUNTY

Gooding

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Wendell

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Valentine's Hospital

3. CHILD'S NAME

(Type or Print)

ELIZABETH

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Gooding

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Hagerman

d. STREET
ADDRESS
(If rural, give location)

4. SEX

5a. THIS BIRTH

Female

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF
STILLBIRTH

(Month) (Day) (Year)

Oct. 4, 1951

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Hale

Jefferson

Glauner

White

9. AGE (At time of this birth)

35 YEARS

10. BIRTHPLACE (State or foreign country)

Hagerman, Idaho

11a. USUAL OCCUPATION

Farming

11b. KIND OF BUSINESS OR INDUSTRY

Farm

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Amy

Josephine

Butts

White

14. AGE (At time of this birth)

31 YEARS

15. BIRTHPLACE (State or foreign country)

Lewistown, Mont.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many chil-

b. How many children were

c. How many OTHER

dren are now living?

born alive but are now dead?

children were stillborn

(born dead after 20 weeks

pregnancy)?

17. INFORMANT

Amy Glauner

(mother)

1

0

0

18a. LENGTH OF PREG-

NANCY

40 WEEKS

18b. WEIGHT AT BIRTH

7

LBS. 5 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

May 1951

y 39.6

20a. FETAL CAUSES

Unknown

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Precipitate labor-delivery

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 a.m.

23a. ATTENDANT'S SIGNATURE

(Specify M.M. D., midwife, or other)

Harold H. Glauner MD

23b. DATE SIGNED

10-9-51

23c. ATTENDANT'S ADDRESS

Wendell, Idaho

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

Oct. 4, 1951

25c. NAME OF CEMETERY OR CREMATORI

Hagerman,

25d. LOCATION (City, town, or county)

(State)

Hagerman, Idaho

DATE REC'D BY LOCAL
REG.

Oct. 7, 1951

REGISTRAR'S SIGNATURE

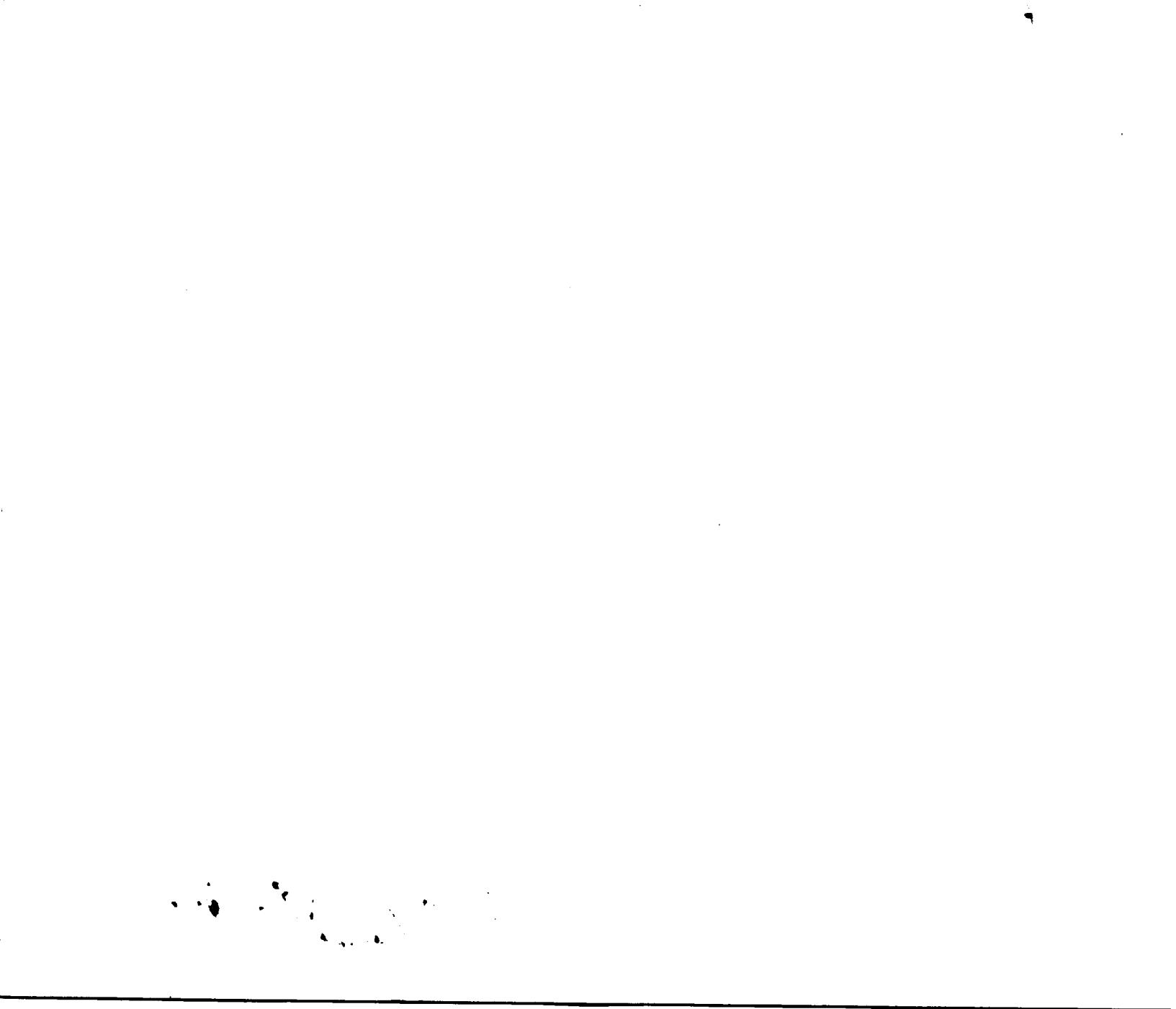
Lister M. Rose, OSA

25e. FUNERAL DIRECTOR

Percy Park

ADDRESS

about



RECEIVED

(1949 Revision of Standard Certificate)

State of Idaho

167

State File No.

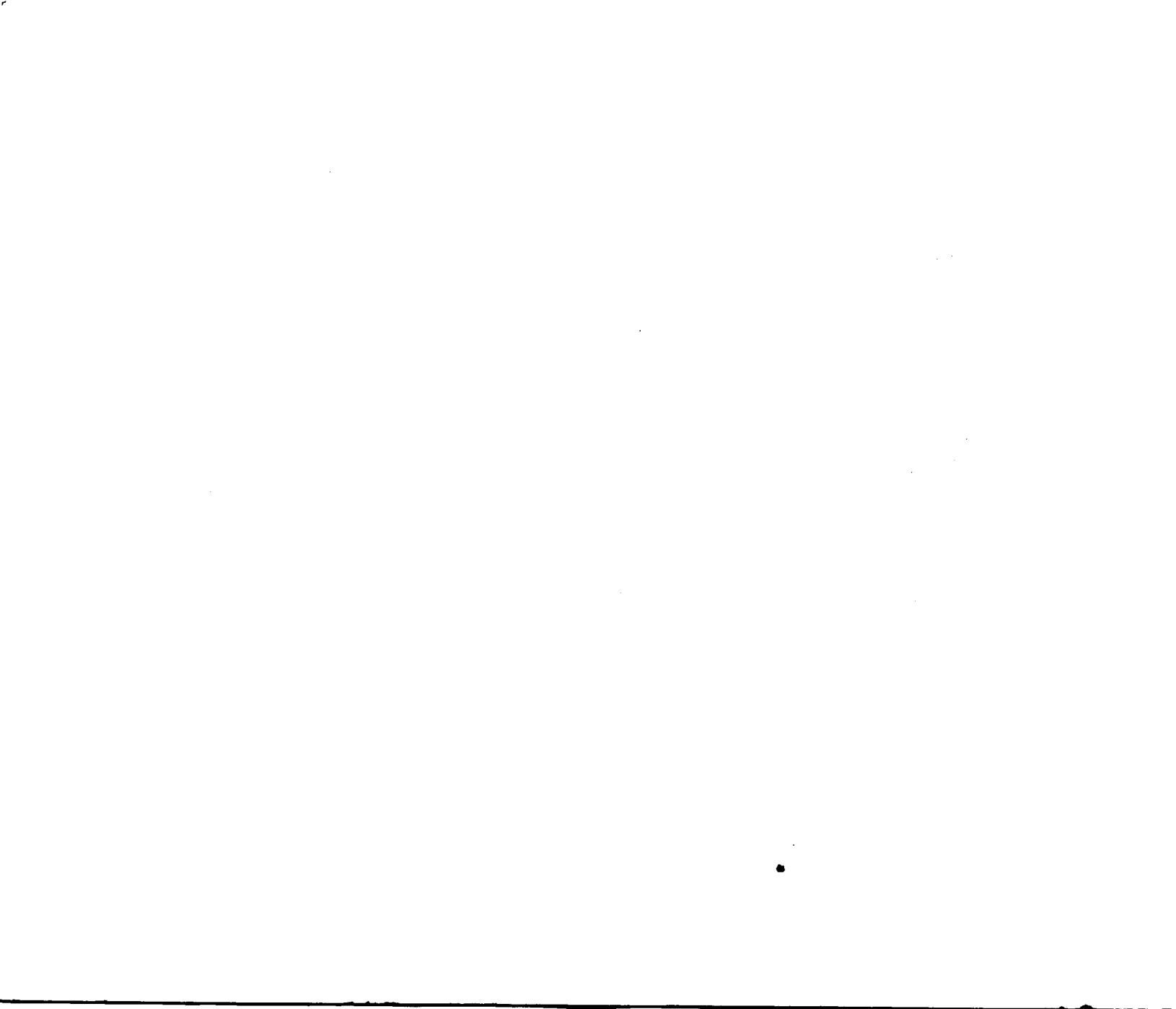
Local Reg. No.

199

Reg. Dist. No.

220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkston	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1220 Elm Street	
3. CHILD'S NAME (Type or Print) Baby Boy Mosman			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 20, 1951
7. FATHER'S NAME Gerald	a. (First) b. (Middle) Walter	c. (Last) Mosman	8. COLOR OR RACE White
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Uniontown, Washington	11a. USUAL OCCUPATION Architect	11b. KIND OF BUSINESS OR INDUSTRY Building
12. MOTHER'S MAIDEN NAME Loretta	a. (First) b. (Middle) H.	c. (Last) Worms	13. COLOR OR RACE White
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Melrose, Minnesota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT Gerald O. Mosman	18a. LENGTH OF PREG. NANCY 26 WEEKS	18b. WEIGHT AT BIRTH not weighed LBS.	18c. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April 1951 Y36.0
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Asphyxia (Cord around neck)</i>		
20b. MATERNAL CAUSES		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>A. J. White, MD</i>	(Specify if M. D., midwife, or other) Dr. A. J. White, MD
		23c. ATTENDANT'S ADDRESS	23b. DATE SIGNED 10/22/1951
		IF NOT attended by physician	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 23, 1951	25c. NAME OF CEMETERY OR CREMATORIAL Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. Oct. 23, 1951	REGISTRAR'S SIGNATURE <i>Jean Negeliss</i>	26. FUNERAL DIRECTOR Brower-Wann Co., By- <i>B. H. Malone</i>	ADDRESS Lewiston, Idaho.

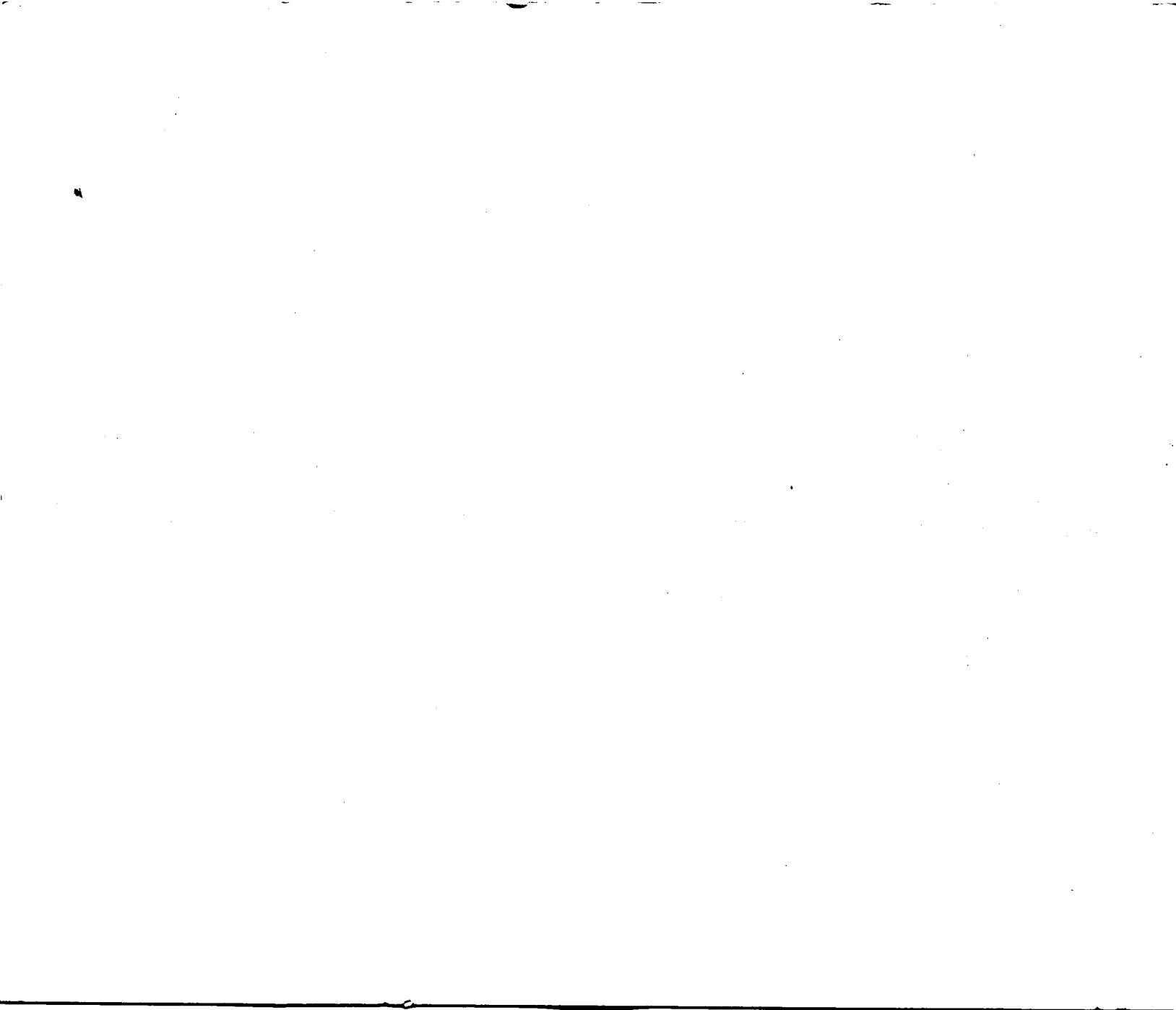


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 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 NOV 8 1951
 DIVISION OF VITAL STATISTICS
 State of Idaho

158

 State File No.
 Local Reg. No. 204
 Reg. Dist. No. 220

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	<i>Neg. River</i>	a. STATE	<i>Idaho</i>
b. CITY (If outside corporate limits, write RURAL and give township or town)	<i>Lewiston</i>	b. COUNTY	<i>Meg. River</i>
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	<i>St. Joseph Hosp.</i>		
3. CHILD'S NAME (Type or Print)	CHARLOTTE	KAY	COOL
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
<i>Female</i>	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<i>Oct. 24, 1951</i>
7. FATHER'S NAME	a. (First) <i>Robert</i>	b. (Middle) <i>E.</i>	c. (Last) <i>Cool</i>
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
24 YEARS	<i>Idaho</i>	<i>Fabriec</i>	<i>Saw Mill</i>
12. MOTHER'S MAIDEN NAME	a. (First) <i>Betty</i>	b. (Middle) <i>Jeanne</i>	c. (Last) <i>Parks</i>
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
18 YEARS	<i>Idaho</i>	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	<i>Harold Parks</i>	None	None
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
TERM WEEKS	10 LBS. 0 OZS.	Approximate date <i>4-17-51</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Hydrocephalic</i>		
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
<i>Breech extraction</i>		<i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>3:23 P.m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
		<i>Charmaine J. W.</i>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL	
<i>Lewiston, Id.</i>		If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county) (State)
Rural	<i>Oct. 26, 1951</i>	Normal Hill Cemetery	Lewiston, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	
<i>Oct. 26, 1951</i>	<i>Jean Negelius</i>	<i>Brower-Wann Co., ADDRESS Lewiston, Idaho</i>	
<i>H. H. Malcolm</i>			



RECEIVED

(1949 Revision of Standard Certificate)

NOV 7 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS State of Idaho

State File No.

159

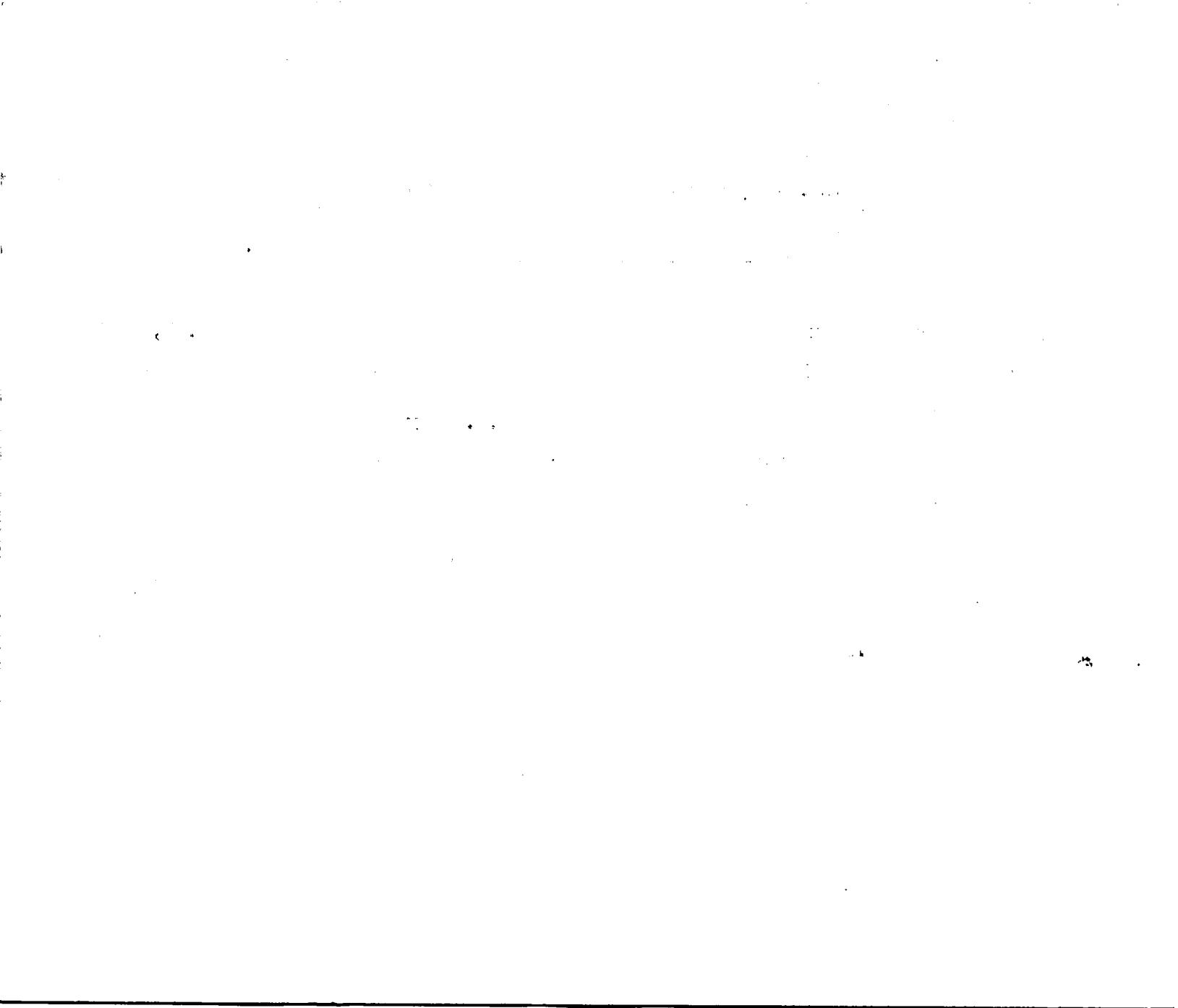
Local Reg. No.

129

Reg. Dist. No.

460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls, Idaho</u>				
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>158 Harrison St.</u>				
3. CHILD'S NAME (Type or Print) <u></u>						
4. SEX <u>Male</u>	5a. THIS BIRTH <u>SINGLE</u>	5b. IF TWIN OR TRIPLET (This child born) <u>1ST</u>	6. DATE OF STILLBIRTH <u>Oct. 1, 1951</u>			
7. FATHER'S NAME <u>Lloyd</u>	a. (First) <u>Patricia</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Lierman</u>			
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>U.S. Army</u>	11b. KIND OF BUSINESS OR INDUSTRY			
12. MOTHER'S MAIDEN NAME <u></u>	a. (First) <u></u>	b. (Middle) <u></u>	c. (Last) <u></u>			
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) <table border="1"> <tr> <td>a. How many children are now living? <u>0</u></td> <td>b. How many children were born alive but are now dead? <u>0</u></td> <td>c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u></td> </tr> </table>		a. How many children are now living? <u>0</u>	b. How many children were born alive but are now dead? <u>0</u>	c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>
a. How many children are now living? <u>0</u>	b. How many children were born alive but are now dead? <u>0</u>	c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>				
17. INFORMANT <u>Patricia Marie Lierman</u>	18a. LENGTH OF PREG- NANCY <u>22</u> WEEKS					
18b. WEIGHT AT BIRTH <u>Approximate date</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>X 39.6</u>					
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Unknown</u>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>					
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:30</u> p.m.		23a. ATTENDANT'S SIGNATURE <u>Ellwood J. Lee MD</u> (Specify P.M.D., midwife, or other)				
23b. ATTENDANT'S ADDRESS <u>Twin Falls Idaho</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u></u> TITLE <u></u>			
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>11-1-51</u>	REGISTRAR'S SIGNATURE <u>Donna Guach</u>	26. FUNERAL DIRECTOR <u></u>	ADDRESS <u></u>			



(1949 Revision of Standard Certificate)

RECEIVED **DATE OF STILLBIRTH**

OCT 13 1951 State of Idaho

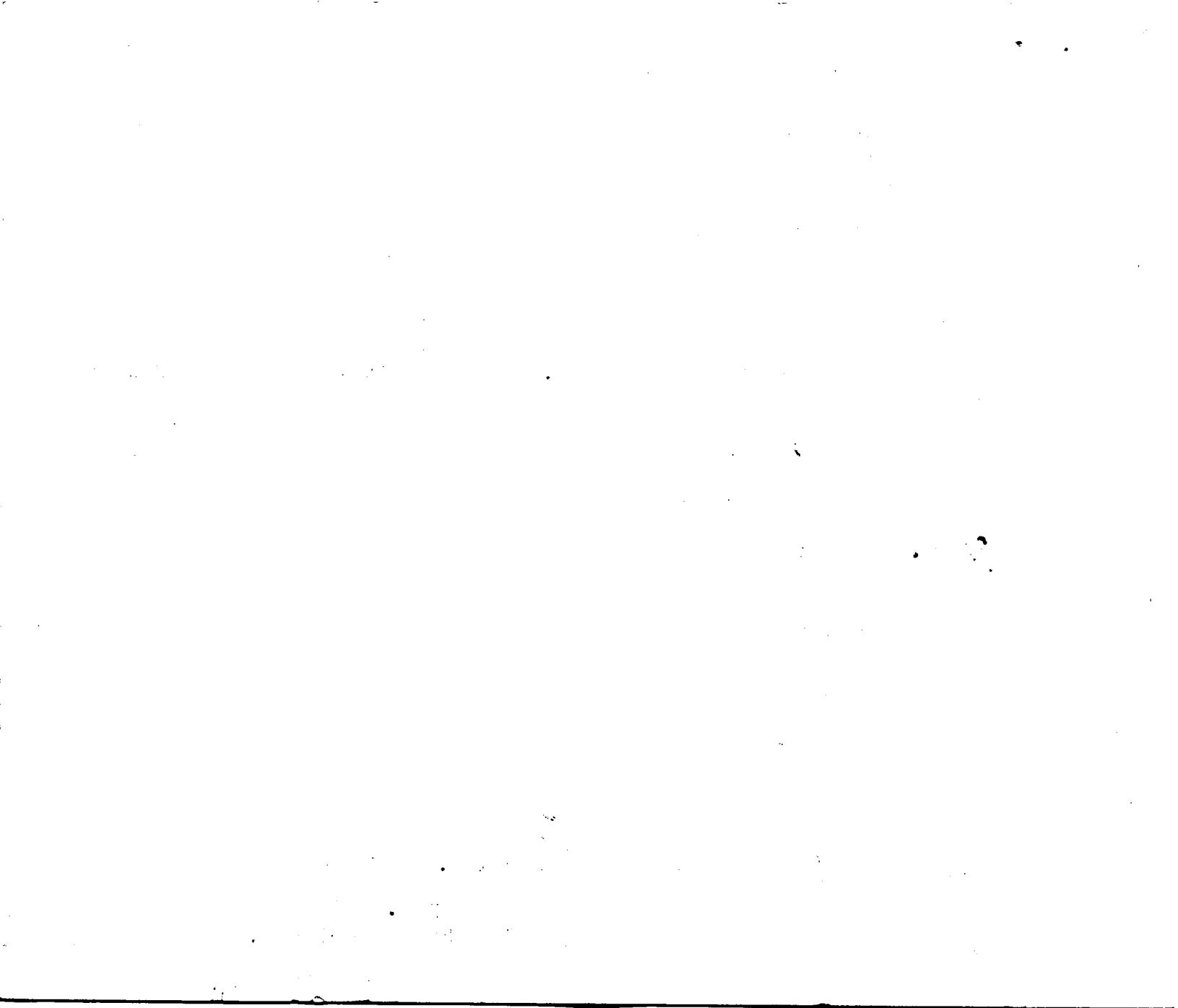
State File No.

Local Reg. No.

Reg. Dist. No.

170

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Twin Falls	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Twin Falls	b. COUNTY	Twin Falls
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	4th Street West, Twin Falls	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Twin Falls
d. STREET ADDRESS	(If rural, give location)		
	4th Street West		
3. CHILD'S NAME (Type or Print)			
Donna Louise Musselwhite			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	10 2 51
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
	James	L.	Musselwhite
8. COLOR OR RACE	White		
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
YEARS			
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Winnie		Brown
13. COLOR OR RACE	White		
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
35 YEARS	Nebraska	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
<i>Terrie Musselwhite</i>			
18a. LENGTH OF PREG. NANCY 26 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Oct. 3, 1951</i>	<i>y 39.5</i>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Spontaneous Late Abortion Pre-Viable</i>		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>11:45 p.m.</i>		23a. ATTENDANT'S SIGNATURE <i>Clayton Schaefer M.D.</i>	(Specify if M. D., midwife, or other) <i>Physician</i>
		23c. ATTENDANT'S ADDRESS <i>Twin Falls, Idaho</i>	23b. DATE SIGNED <i>10/5/51</i>
		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>None</i>	TITLE <i>Physician</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Oct. 8, 51</i>	25c. NAME OF CEMETERY OR CREMATORIAL <i>100 Filer Id.</i>	25d. LOCATION (City, town, or county) (State) <i>Filer Idaho</i>
DATE REC'D BY LOCAL REG. <i>10-11-51</i>	REGISTRAR'S SIGNATURE <i>Anna Riach</i>	26. FUNERAL DIRECTOR <i>John Phillips</i>	ADDRESS <i>Twin Falls Mortuary, Twin Falls, Ida.</i>



RECEIVED (1949 Revision of Standard Certificate)

OCT 19 1954 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

171
10
4601. PLACE OF STILLBIRTH **STATISTICS**

a. COUNTY Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Twin Falls, Idahoc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Magic Valley Memorial Hospital

3. CHILD'S NAME

(Type or Print) George Alvin Koch

4. SEX

5a. THIS BIRTH

Male

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

6. DATE OF STILLBIRTH

(Month) (Day) (Year)
ct. 7, 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

Howard

Koch

White

9. AGE (At time of this birth)

39 YEARS

10. BIRTHPLACE (State or foreign country)

Missouri

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

Bacon Produce Co.

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

Blanche

Elizabeth

Koch

13. COLOR OR RACE

White

14. AGE (At time of this birth)

36 YEARS

15. BIRTHPLACE (State or foreign country)

Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

3

b. How many children were born alive but are now dead?

1

c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)?

1

17. INFORMANT

Mrs. Blanche Koch

18a. LENGTH OF PREG-
NANCY
WEEKS

18b. WEIGHT AT BIRTH

Not weighed

25

ZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

y 39.6

20a. FETAL CAUSES

20b. MATERNAL CAUSES

No apparent cause determined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

J. Woodson Creed, MD

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

10/15/51

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

10/9/51

25c. NAME OF CEMETERY OR CREMATORIUM

Twin Falls Cemetery

25d. LOCATION (City, town, or county)

(State)

Twin Falls, Idaho

DATE REC'D BY LOCAL REG.

10-16-51

REGISTRAR'S SIGNATURE

Claudia Rice

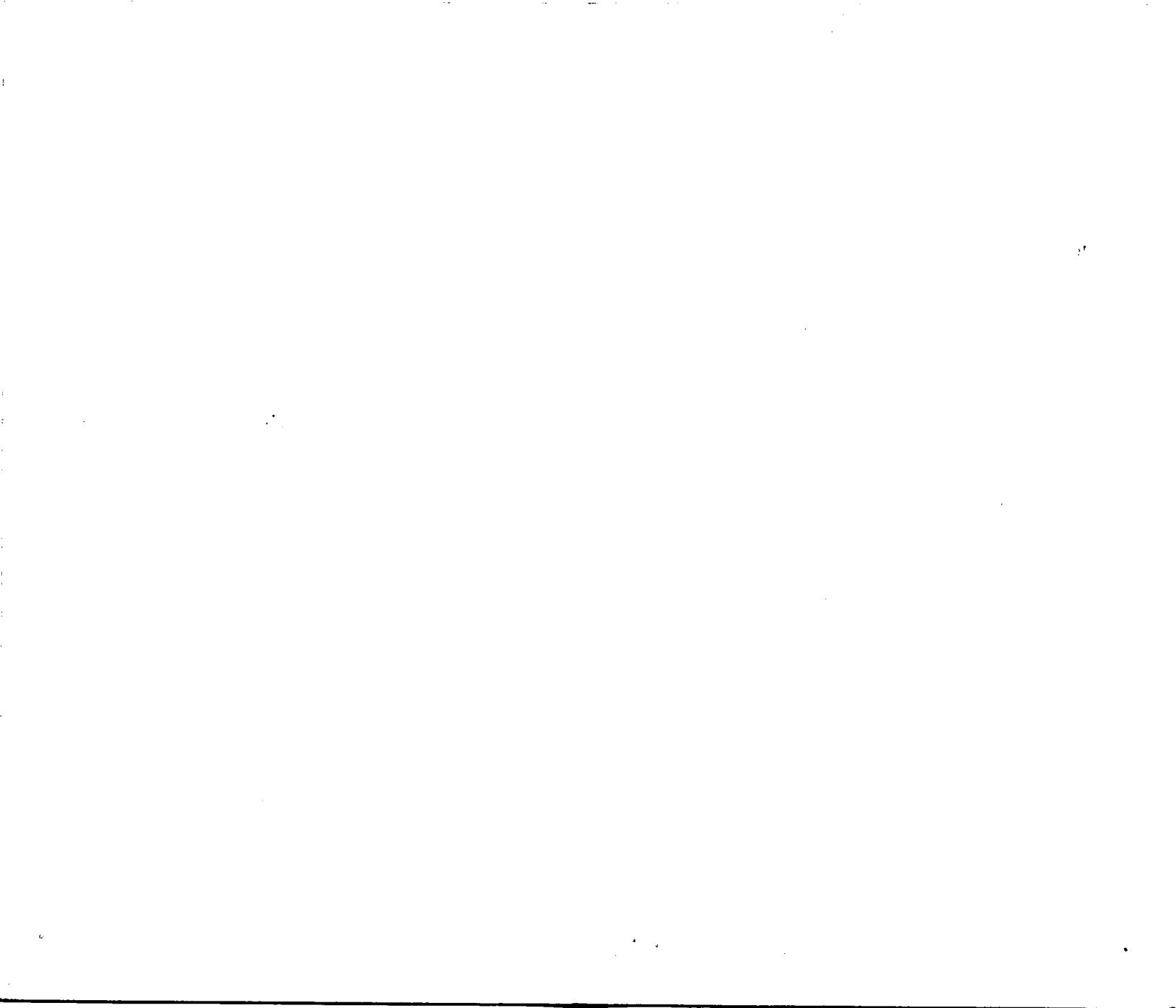
26. FUNERAL DIRECTOR

Reynolds

ADDRESS

Reynold's Funeral Home

Twin Falls, Id.



RECEIVED

(1949 Revision of Standard Certificate)

OCT 25 1951
CERTIFICATE OF STILLBIRTH

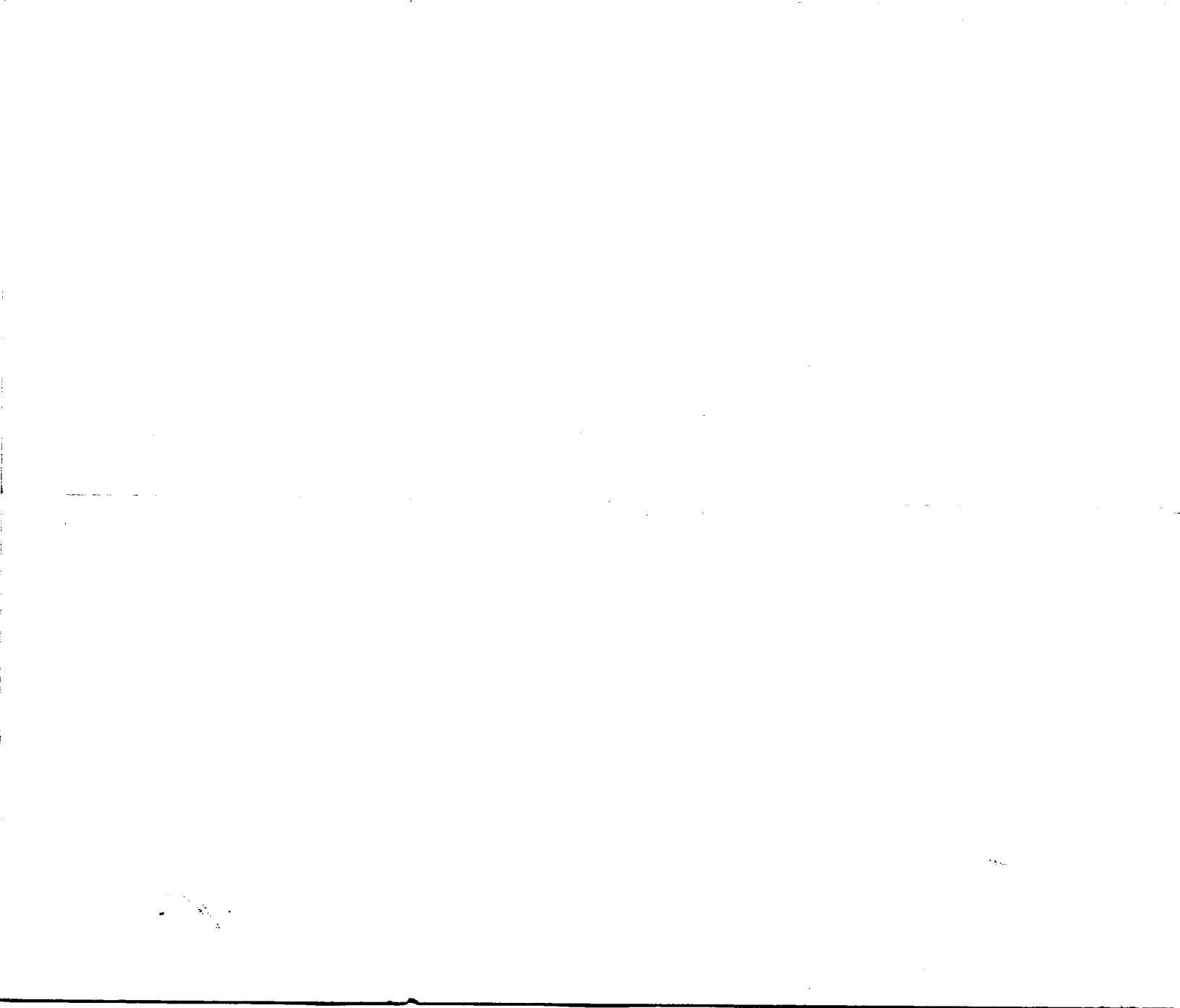
DIVISION OF VITAL

State of Idaho

State File No.

Local Reg. No. 419Reg. Dist. No. 370

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Ada	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Boise	b. COUNTY	Ada
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Luke's Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Boise
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
PATRICK		3913 Nez Perce Street	
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9-22-51
7. FATHER'S NAME	a. (First) Louis	b. (Middle) Ross	c. (Last) Lowther
8. COLOR OR RACE	white		
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Caldwell, Idaho	11a. USUAL OCCUPATION U. S. Army	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Carol	b. (Middle) Virginia	c. (Last) Newman
13. COLOR OR RACE	white		
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Seattle, Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)?	
17. INFORMANT Carol N. Lowther (mother)	18a. LENGTH OF PREG- NANCY 36 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 0 OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> y3916 Approximate date
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES Unknown		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:54 p.m.		23a. ATTENDANT'S SIGNATURE K. D. Springer	(Specify if M. D., midwife, or other)
23c. ATTENDANT'S ADDRESS Boise, Idaho		23b. DATE SIGNED 10-22-51	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Cremation		25b. DATE September 22, 1951	25c. NAME OF CEMETERY OR CREMATORIAL St. Luke's Hospital, Boise, Idaho
25d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 12-5-51	REGISTRAR'S SIGNATURE Mary Palmer	26. FUNERAL DIRECTOR H. B. Rose	ADDRESS Supt.



RECEIVED

PHS-797(VS)

44

**FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE**

DEC 15 1951

(1949 Revision of Standard Certificate)

~~AGENCY~~ DIVISION OF VITAL CERTIFICATE OF STILLBIRTH

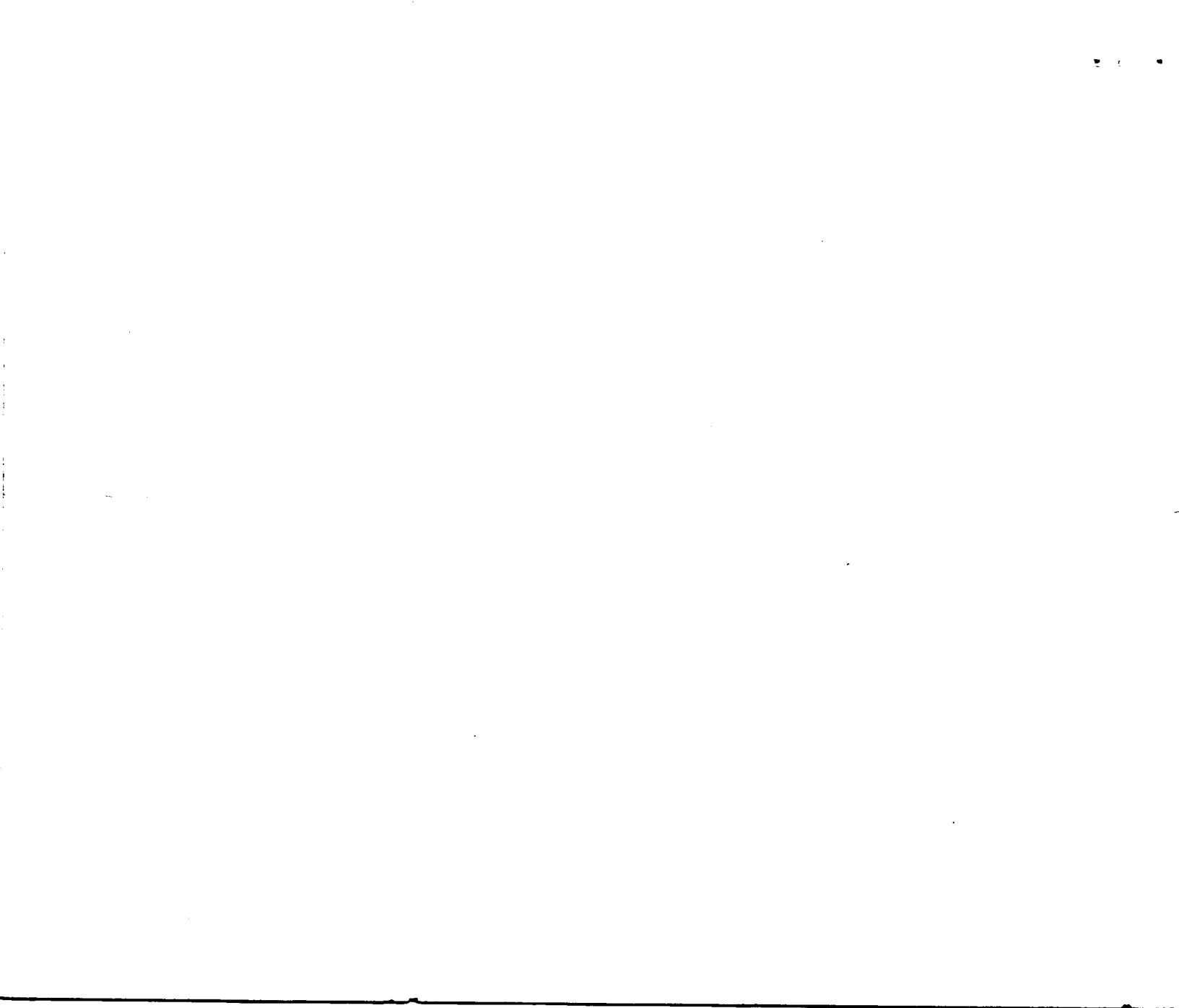
173

State File No.

Local Box No 429

Reg Dist No 320

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Ada	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Boise	b. COUNTY	Ada
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Luke's Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Boise
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
		2121 N. 17th Street	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
M	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	October 28, 1951
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
	Lawrence	Lamar	Gwin
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
23 YEARS	Windsor, Colorado	Cook	Owyhee Hotel
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Shirley	Adell	Miller
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
18 YEARS	Shoshone, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	1
Shirley M. Gwin (mother)			1
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
20 WEEKS	1 LBS. 1 OZS.	Approximate date	20 + 2 / Oct 31 / 36.1
20a. FETAL CAUSES			
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
<i>Uterine Hemorrhage - Perineal Edema</i>		<i>Placenta Praevia, Centrally</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:59 am m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL	
Boise, Idaho		IF NOT attended by physician	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORI	25d. LOCATION (City, town, or county) (State)
<i>Cremated</i>	Oct. 28, 1951	St. Luke's Hospital	Buie, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
12-10-51	<i>Myrtle Palmer</i>	<i>Wm R. Ross Jr. Soft</i>	

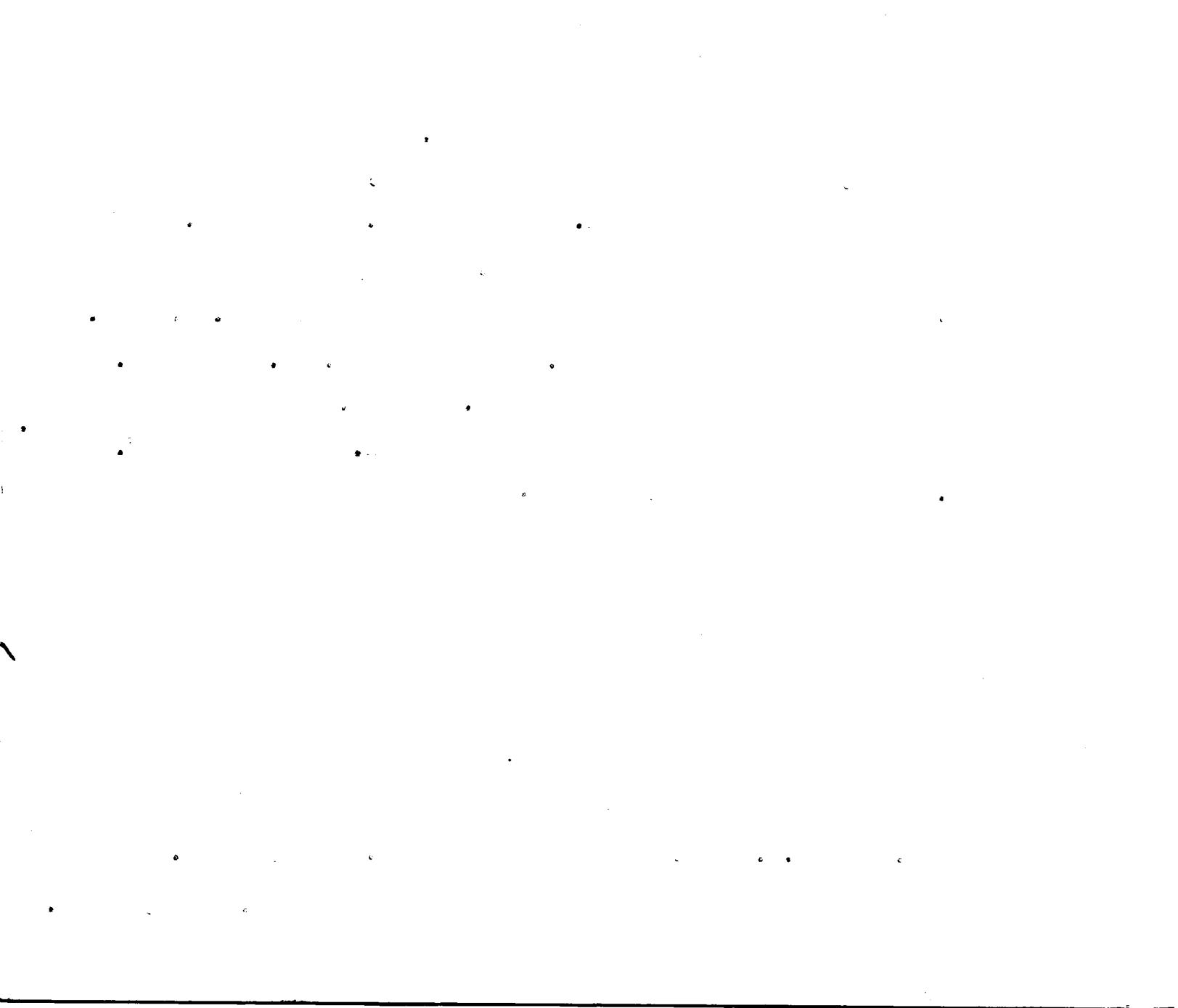


RECEIVED
CERTIFICATE OF STILLBIRTH
NOV 29 1951
State of Idaho

State File No.

Local Reg. No. 407Reg. Dist. No. 370

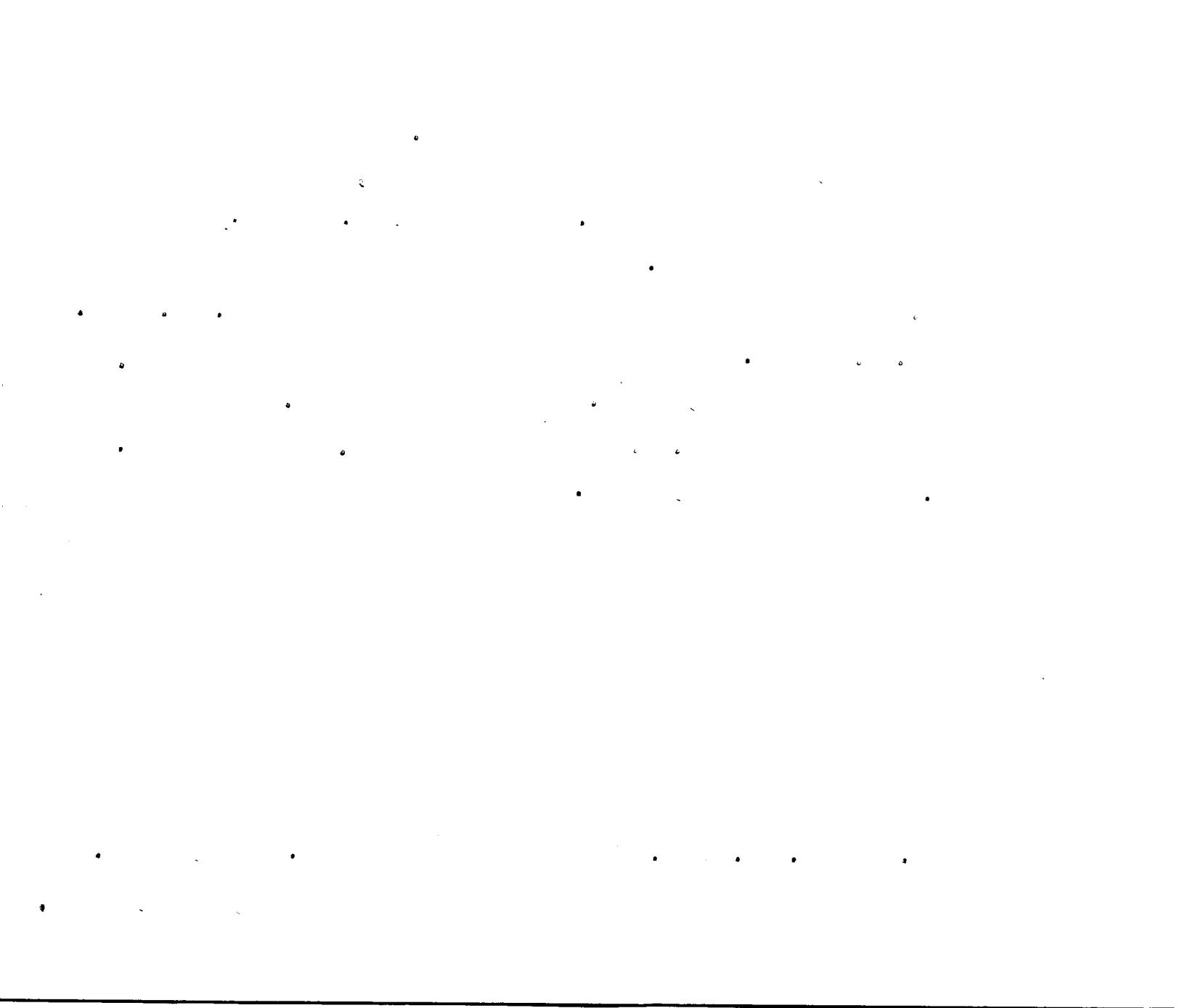
1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	<u>Ada</u>	a. STATE	<u>Idaho</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	<u>Boise</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	<u>Boise</u>
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
<u>St Alphonsus Hospital.</u>		<u>1817. Abbs Street.</u>	
3. CHILD'S NAME (Type or Print)			
<u>BABY BOY BAINES.</u>			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
<u>Male.</u>	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<u>November. 6. 1951.</u>
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
	<u>Joseph</u>	<u>S.</u>	<u>Baines. Jr.</u>
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
<u>30</u> YEARS	<u>Grand Junction, Colorado.</u>	<u>Laborer.</u>	<u>What he could get to do.</u>
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	<u>Iola</u>	<u>Bernice</u>	<u>Vail.</u>
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
<u>32.</u> YEARS	<u>Great Falls, Montana</u>	How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	<u>Joseph S. Baines, 25 Old Hickory</u>	1	1
18a. LENGTH OF PREG. NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>y 39.6</u>	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
20a. FETAL CAUSES		<u>Unknown</u>	
20b. MATERNAL CAUSES		<u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
<u>None</u>		<u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Carl D. Rusty</u>	
		23b. DATE SIGNED <u>11-20-51</u>	
23c. ATTENDANT'S ADDRESS <u>Mendian Ida</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <input type="checkbox"/> NOT attended by physician	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial.</u>	25b. DATE <u>Nov. 9. 1951.</u>	25c. NAME OF CEMETERY OR CREMATORIES <u>Morris Hill Cemetery.</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>11-26-51</u>	REGISTAR'S SIGNATURE <u>Myrtle Palmer</u>	FUNERAL DIRECTOR <u>Eugene Summers</u>	ADDRESS <u>Summers Funeral Home.</u>



RECEIVED (1949 Revision of Standard Certificate)
1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL **State of Idaho**

State File No. 1
Local Reg. No. 425
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Ada	a. STATE	Idaho.
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Boise,	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Boise,
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
St Alphonsus Hospital.		1406. Owyhee.	
3. CHILD'S NAME (Type or Print)			
Jill Hooper.			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female.	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	November. 27. 1951.
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
Harold A. Hooper.			
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
37 YEARS	Ashton, Idaho.	Automobile Dealer.	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
Virginia F. Zook.			
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
33. YEARS	Blackfoot, Idaho.	a. How many children are now living?	b. How many children were born alive but are now dead?
17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
<i>Harold A. Hooper</i>		3	0
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
40 WEEKS	8 LBS. OZS.	Approximate date <i>May 1951</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Asphyxia - Short Cord Around neck.</i> Y36.0	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>1 P m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
		<i>Max D. Gundersen MD</i> 11-28-51	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED	
25a. BURIAL, CREMA- TION, REMOVAL (Specify)		25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL
Burial.		Nov. 28. 1951.	Cloverdale Memorial Park. Boise, Idaho.
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
12-6-51		<i>Maryle Palmer</i>	<i>Eugene E. Summers</i> Summers Funeral Home, Boise, Idaho.

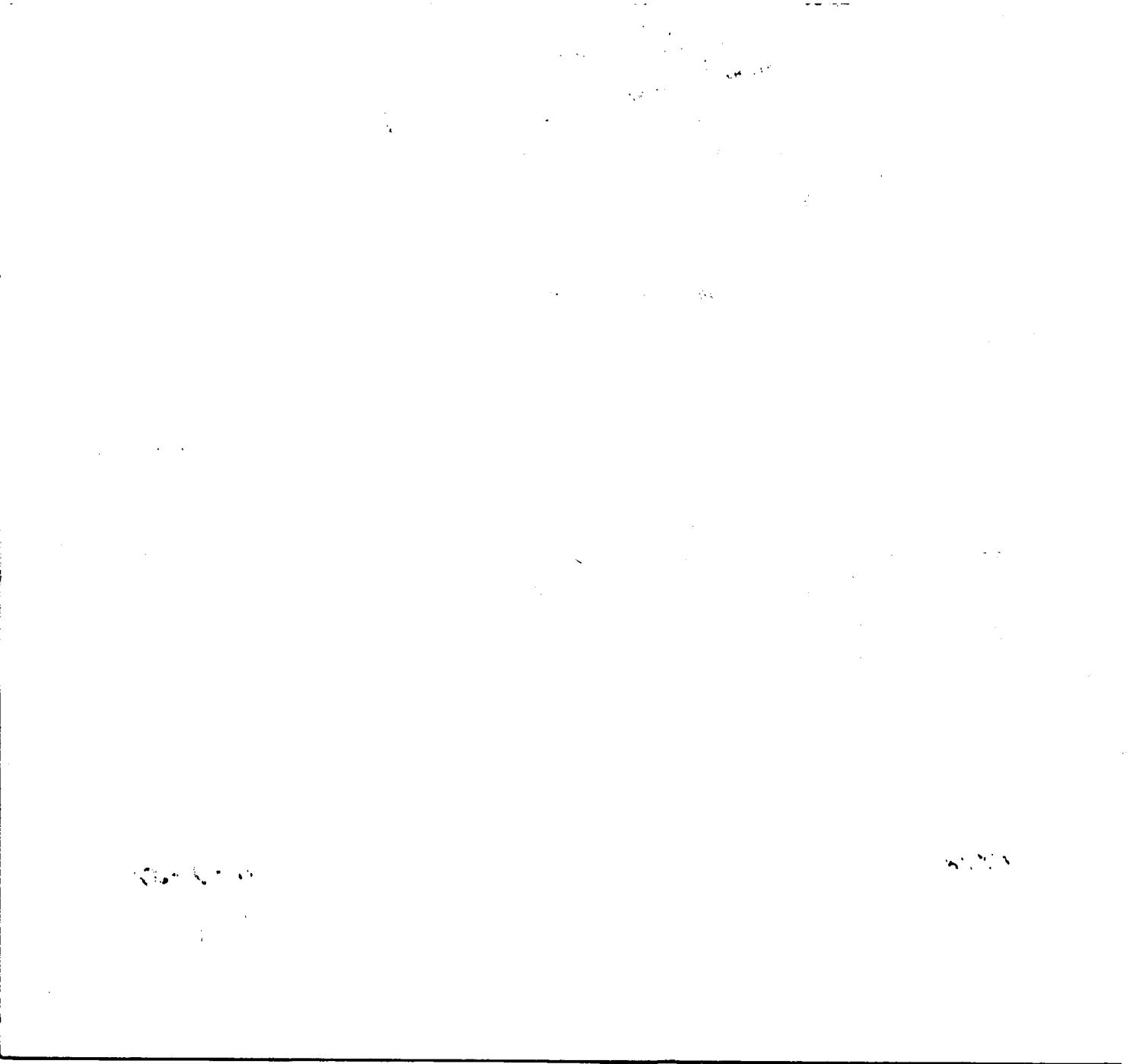


RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No.

Local Reg. No. 303Reg. Dist. No. 510

1. PLACE OF STILLBIRTH STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bannock	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township or town)	Pocatello	b. COUNTY	Bannock
c. FULL NAME OF HOSPITAL OR INSTITUTION	St. Anthony Mercy Hospital	c. CITY (If outside corporate limits, write RURAL and give township or town)	Pocatello
		d. STREET ADDRESS	(If rural, give location) <u>829 1/2 South Main</u>
3. CHILD'S NAME (Type or Print) <u>Baby Boy Dominguez</u>			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	11 2 51
7. FATHER'S NAME	a. (First) <u>Manuel</u>	b. (Middle)	c. (Last)
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
36 YEARS	Walsenburg, Colorado	Machinist Avpr.	N.O.P.
12. MOTHER'S MAIDEN NAME	a. (First) <u>Rose</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Leon</u>
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
27 YEARS	Dubois, Idaho	a. How many children are now living? 0	b. How many children were born alive but are now dead? 0
17. INFORMANT		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
Rose Leon Dominguez Mother			
18a. LENGTH OF PREG. NANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Strangulation of Cord Around Baby's Neck</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>outlet forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:12 a.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Ralph B. Beggs MD</u>	
		23b. DATE SIGNED <u>11-7-51</u>	
23c. ATTENDANT'S ADDRESS <u>Bremo Billie</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>11-3-51</u>	
DATE REC'D BY LOCAL REG.		25c. NAME OF CEMETERY OR CREMATORIAL <u>Mountainview</u>	
		25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>	
		26. FUNERAL DIRECTOR ADDRESS <u>Josie L. Powell</u>	
		26. FUNERAL DIRECTOR ADDRESS <u>Gordon B. Dawson Pocatello Id.</u>	



NOV 27 1951 (1949 Revision of Standard Certificate)
DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS State of Idaho

State File No.
 Local Reg. No. 309
 Reg. Dist. No. 510

1. PLACE OF STILLBIRTHa. COUNTY Bannockb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Pocatelloc. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital**3. CHILD'S NAME**

(Type or Print)

DanielScottThomas**4. SEX**

Male

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST

2ND

3RD

6. DATE OF STILLBIRTH

(Month)

(Day)

(Year)

11 7 51

7. FATHER'S NAMEa. (First) Robertb. (Middle) Eugenec. (Last) Thomas

8. COLOR OR RACE

White

9. AGE (At time of this birth)

24

YEARS

10. BIRTHPLACE (State or foreign country)

Munrovia, California

11a. USUAL OCCUPATION

Boiler Operator

11b. KIND OF BUSINESS OR INDUSTRY

Naval Ordnance Plant**12. MOTHER'S MAIDEN NAME**a. (First) Geraldineb. (Middle) Adelec. (Last) Hall

13. COLOR OR RACE

White

14. AGE (At time of this birth)

24

YEARS

15. BIRTHPLACE (State or foreign country)

Detroit, Michigan

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANTGeraldine Thomas

Mother

1

0

18a. LENGTH OF PREG-

NANCY

28 WEEKS

18b. WEIGHT AT BIRTH

2 LBS. 83/4 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

139.5

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

2.8 Mo. Gestation.

20b. MATERNAL CAUSES

Possible low set heart had thickened
liver & placenta and mucovaginal bleeding.**21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR****22. STATE ALL OPERATIONS FOR DELIVERY**

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Jesse E. Powell

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

11-9-51

23c. ATTENDANT'S ADDRESS

Pocatello, IdahoIF NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

25b. DATE

11-7-51

25c. NAME OF CEMETERY OR CREMATORIUM

East Mt. View

25d. LOCATION (City, town, or county)

Pocatello, Idaho

(State)

DATE REC'D BY LOCAL REG.

Nov. 26, 1951

REGISTRAR'S SIGNATURE

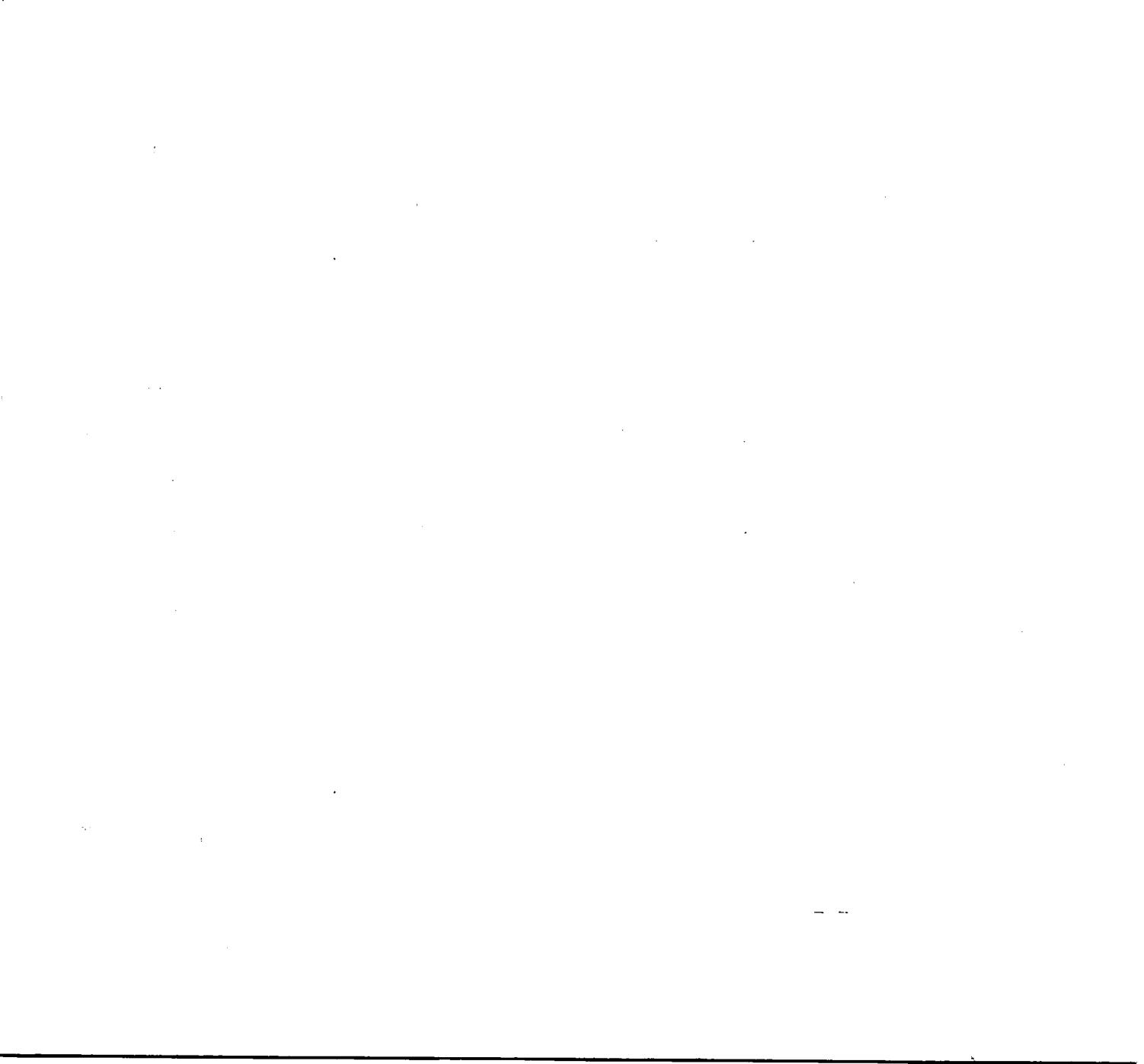
Jesse E. Powell

26. FUNERAL DIRECTOR

Arthur Hall

ADDRESS

229 South Garfield



RECEIVED
DEC 10 1951 (1949 Revision of Standard Certificate)
DIVISION OF CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 324
Reg. Dist. No. 5-10
178

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bannock	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello	b. COUNTY	Bannock
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Anthony Mercy Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello
d. STREET ADDRESS	(If rural, give location)		
	144 Howard	Box 208	
3. CHILD'S NAME (Type or Print)			
Mary Naomi Willes			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 11 13 51
7. FATHER'S NAME	a. (First) J.	b. (Middle) Gordon	c. (Last) Willes
8. COLOR OR RACE	white		
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Carmen	11b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
12. MOTHER'S MAIDEN NAME Mary	a. (First) b. (Middle) Naomi	c. (Last) Dalton	13. COLOR OR RACE white
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mary Naomi Willes	mother		
18a. LENGTH OF PREG- NANCY 40 WEEKS	18d. WEIGHT AT BIRTH 6 LBS. --- OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 1/39.2	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES <i>Fetal Hydrops.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:42 p. m.		23a. ATTENDANT'S SIGNATURE <i>George J. Cox MD</i> (Specify if M. D., midwife, or other) 23b. DATE SIGNED 11/23/51	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) 11-15-51	25b. DATE Burial	25c. NAME OF CEMETERY OR CREMATORIALy Mountainview	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. Dec. 7 1951	REGISTRAR'S SIGNATURE Jessie Z. Powell	26. FUNERAL DIRECTOR Byron B. Leonard	ADDRESS Pocatello Idaho

JUL 20 1959

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(1949 Revision of Standard Certificate)

NOV 30 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATE OF IDAHO

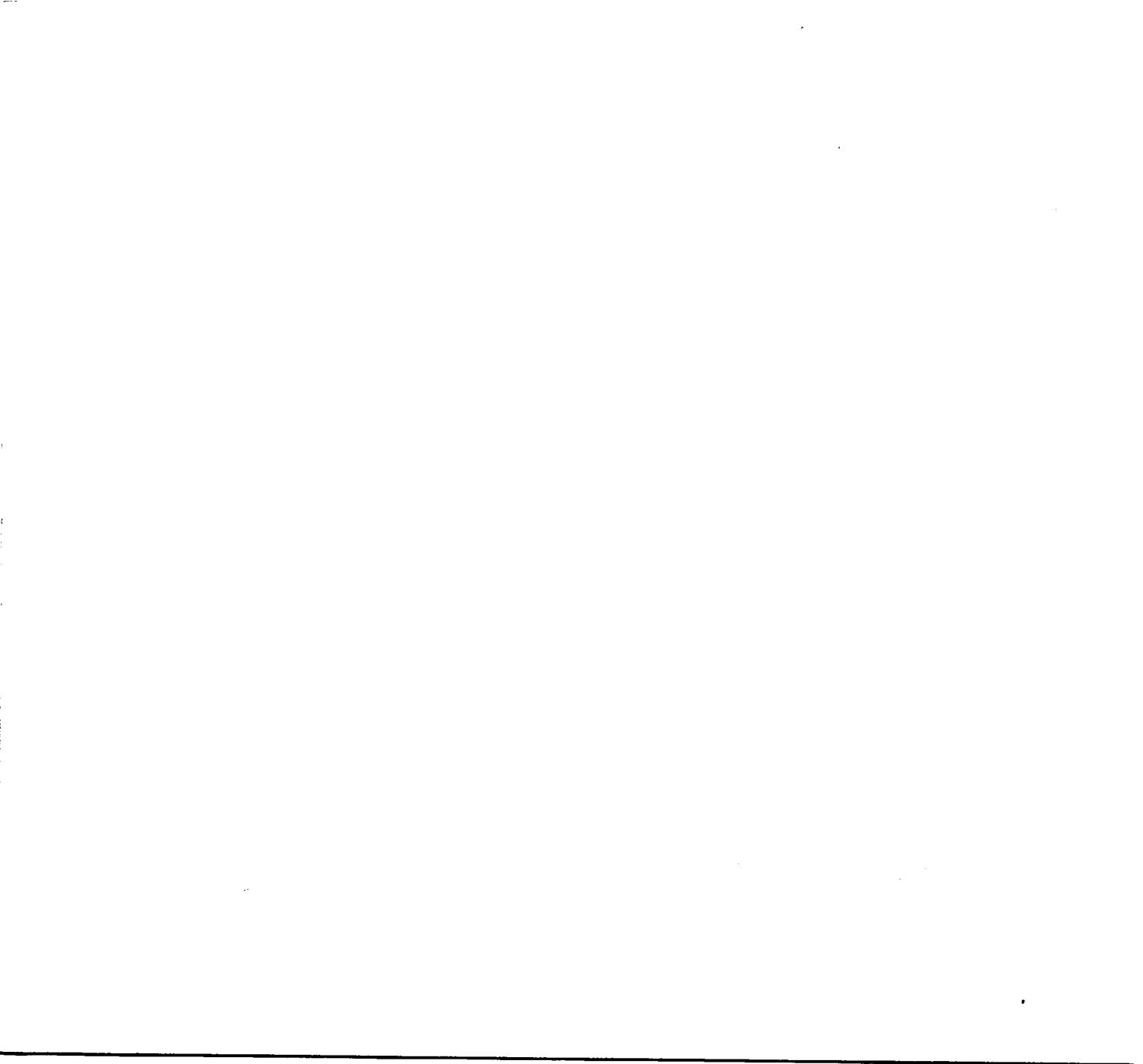
State File No.

Local Reg. No.

Reg. Dist. No.

511
321

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. COUNTY	Bannock	a. STATE	Idaho		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello	b. COUNTY	Bannock		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Anthony Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Downey		
d. STREET ADDRESS	(If rural, give location)				
	Downey, Idaho				
3. CHILD'S NAME (Type or Print)					
Gordon Larson Salveson					
4. SEX	5a. THIS BIRTH		5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH	
Male	SINGLE <input checked="" type="checkbox"/>	TWIN <input type="checkbox"/>	TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Month (Day) (Year)
					Nov. 21, 1951
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE	
	Gordon	Criddle	Salveson	White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
25 YEARS	Downey, Idaho		State Hi-way Dept. Patrol Driver	Idaho State Embalmer	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE	
	Shirley		Larson	White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
19 YEARS	Pine, Idaho		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT			none	none	none
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date		
40 WEEKS	LBS. 9 OZS.		y36.0		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)				20. FETAL CAUSES <i>Strangulation Cord around neck.</i>	
				20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR				22. STATE ALL OPERATIONS FOR DELIVERY	
<i>none</i>				<i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:45 p.m.</u>		23a. ATTENDANT'S SIGNATURE <i>Ralph B. Negstil M.D.</i>		(Specify if M. D., midwife, or other)	
		23b. DATE SIGNED <i>11-23-51</i>			
at <u>1:45 p.m.</u>		23c. ATTENDANT'S ADDRESS <i>Pocatello, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>NOT attended by physician</i>	
				TITLE	
25a. BURIAL, CREMATION-REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL <i>Downey, Idaho</i>		25d. LOCATION (City, town, or county) (State) <i>Downey, Idaho</i>	
<i>Removal</i>	<i>11-23-51</i>				
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR ADDRESS <i>Jessie J. Powell Conway Dray</i>		
<i>Nov. 23-51</i>			<i>Pocatello, Idaho</i>		



~~No.~~ RECEIVED

(1949 Revision of Standard Certificate)

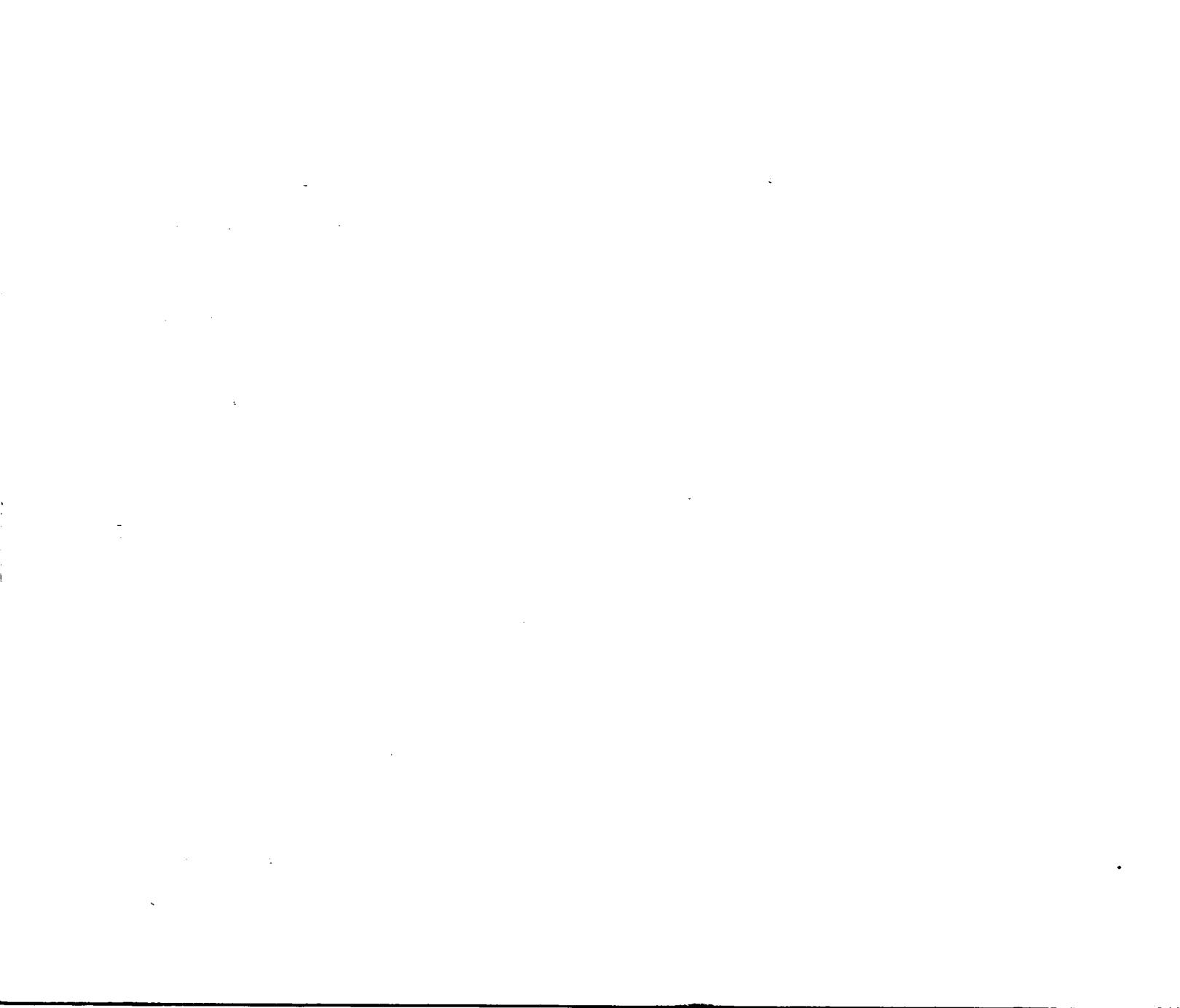
NOV 27 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATE OF IDAHO

State File No.

Local Reg. No. 196

Reg. Dist. No. 600

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY	Bingham	a. STATE	Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Blackfoot,	b. COUNTY	Bingham	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Bingham Memorial Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Blackfoot,	
d. STREET ADDRESS	(If rural, give location) 1260 So. Shilling Ave.			
3. CHILD'S NAME (Type or Print)		CHARLENE ROSE PARRISH		
4. SEX	5a. THIS BIRTH		5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/>	TWIN <input type="checkbox"/>	TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> Nov. 23, 1951
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Charles	Madison	Parrish	White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
37 YEARS	Noblesville, Indiana	Steam Fitter	Bldg. Construction	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Pearl		Hafem	White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
35 YEARS	Santa Clara, Utah	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. MOTHER'S NAME	4 1			
18a. LENGTH OF PREG. NANCY	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Approximate date March 1951	
9 WEEKS	LBS. OZS.			
20a. FETAL CAUSES		20b. MATERNAL CAUSES		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		I have no cause of maternal care		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:09 a.m.		23a. ATTENDANT'S SIGNATURE <i>As Miller MD</i> (Specify if M.D., midwife, or other)		
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. ATTENDANT'S ADDRESS <i>Blackfoot, Idaho</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John C Sandberg</i>	23b. DATE SIGNED <i>11-23-51</i>
DATE REC'D BY LOCAL REG. <i>Nov 24 1951</i>		REGISTRAR'S SIGNATURE <i>Mrs Valie E. Latine</i>	26. FUNERAL DIRECTOR <i>John C Sandberg</i>	ADDRESS <i>Blackfoot, Idaho</i>



DEC 11 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 262

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH

a. COUNTY

Bonneville

b. CITY (If outside corporate limits, write RURAL and give township or town)

Idaho Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

L.S. Hospital

3. CHILD'S NAME

(Type or Print)

Infant Clapp

4. SEX

male

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

15d. IF TWIN OR TRIPLET (This child born)

6. DATE OF

STILLBIRTH

Nov. 22, 1951

7. FATHER'S NAME

a. (First)

Alvin

b. (Middle)

L

c. (Last)

Clapp

8. COLOR OR RACE

white

9. AGE (At time of this birth)

48

YEARS

10. BIRTHPLACE (State or foreign country)

Colorado

11a. USUAL OCCUPATION

Business agent

11b. KIND OF BUSINESS OR INDUSTRY

Labour & Had Commission

12. MOTHER'S MAIDEN NAME

a. (First)

Bertha

b. (Middle)

Jane

c. (Last)

Schley

13. COLOR OR RACE

white

14. AGE (At time of this birth)

43

YEARS

15. BIRTHPLACE (State or foreign country)

Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

3

b. How many children were born alive but are now dead?

1

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

1

17. INFORMANT

Alvin L. Clapp

18a. LENGTH OF PREG.

NANCY

8 Mos

WEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

Y38.0

20a. CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

anencephalic monster

20b. MATERNAL CAUSES

none -

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

none -

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Harvey A. Hatch

(Specify if M. D., midwife, or other)

M.D.

23b. DATE SIGNED

November 26, 1951

TITLE

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

25b. DATE

Nov. 26, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Jona Cemetery

25d. LOCATION (City, town, or county)

Bonneville

(State)

Idaho

DATE REC'D BY LOCAL REG.

Dec. 3 1951

REG. REG.

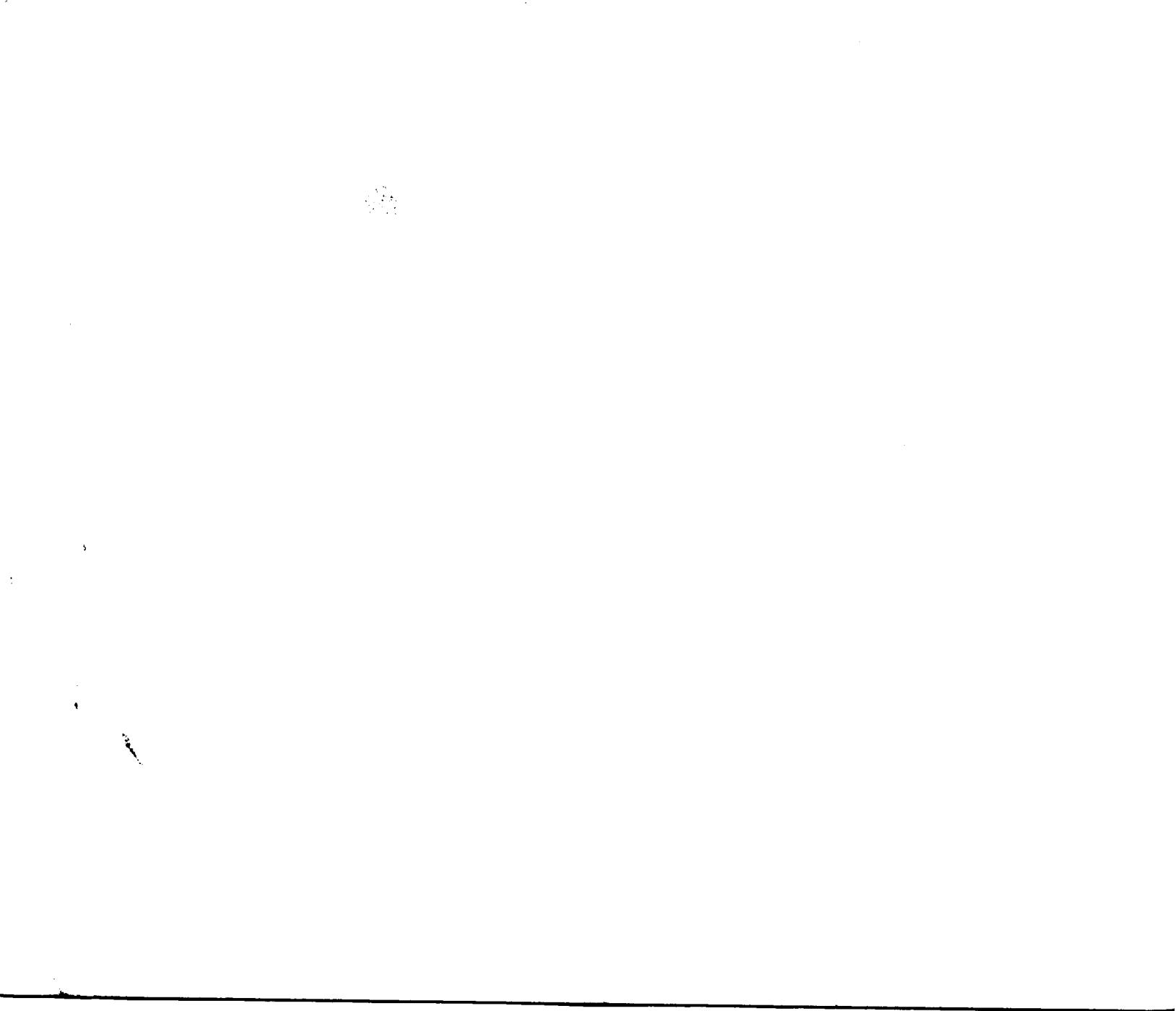
Anna Bridges

26. FUNERAL DIRECTOR

Ralph M. Shoop

ADDRESS

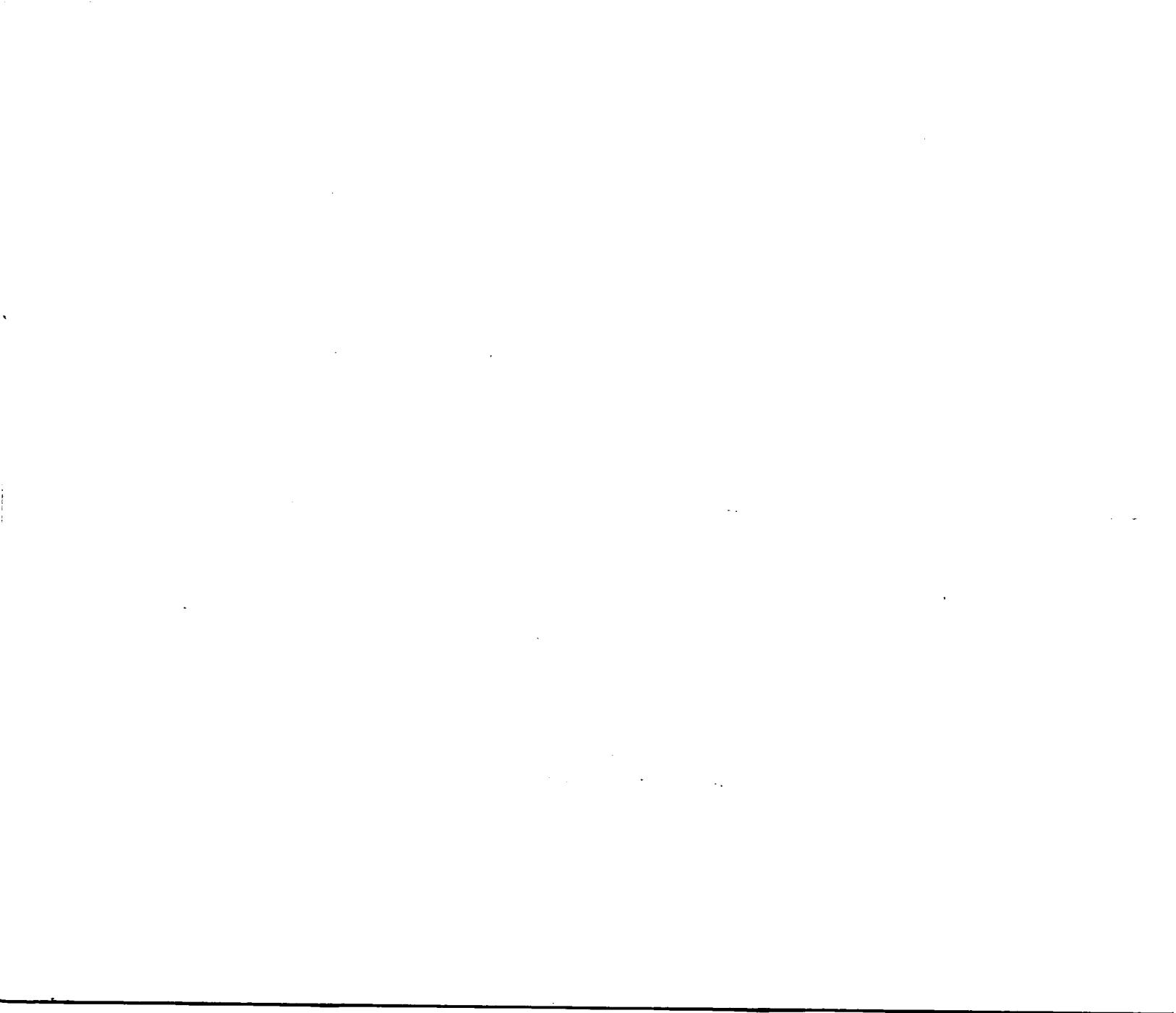
Idaho Falls



RECEIVED
DEC 17 1951 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL RECORDS
State of Idaho

102
State File No. 266
Local Reg. No. 610
Reg. Dist. No. 610

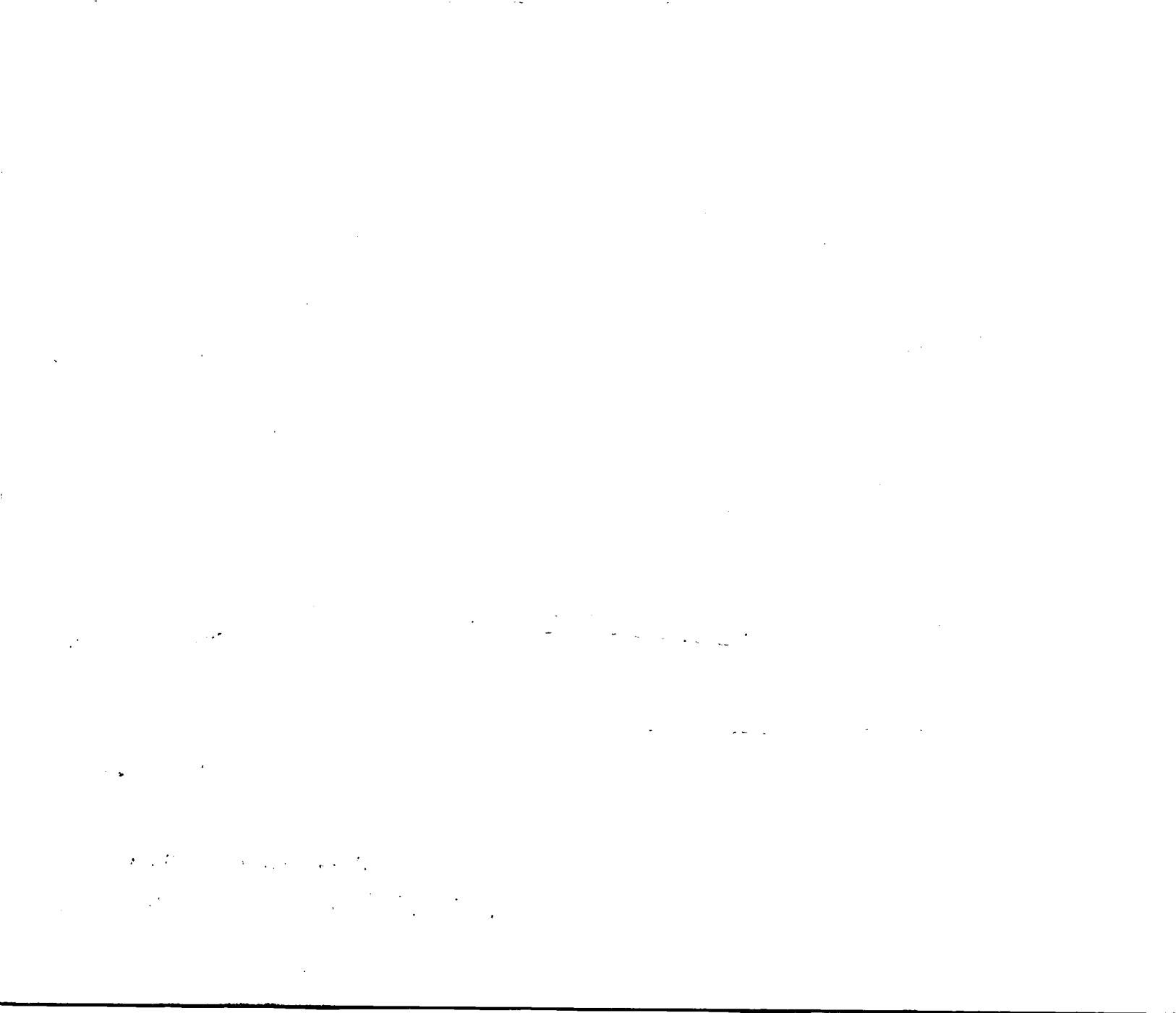
1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE OR TOWN SAME	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) 795 Cleveland	
3. CHILD'S NAME (Type or Print) Baby Davis		Twin	
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov 25 - 1951
7. FATHER'S NAME Alfred	a. (First) b. (Middle)	c. (Last)	8. COLOR OR RACE white
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (State or foreign country) PAK, West Virginia	11a. USUAL OCCUPATION Jeweler	11b. KIND OF BUSINESS OR INDUSTRY Amar Jewelry
12. MOTHER'S MAIDEN NAME HEDDEMA	a. (First) b. (Middle)	c. (Last)	13. COLOR OR RACE white
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Ammon, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Lorraine Davis	18a. LENGTH OF PREG- NANCY 24 WEEKS 18b. WEIGHT AT BIRTH LBS. OZS. Approximate date Y39.5		
19. Was a standard serological test for syphilis performed? Yes		(Specify if M. D., midwife, or other) B. P. Dan Edmonds	
20a. FETAL CAUSES <i>See premature Rupture of membranes</i>		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) B. P. Dan Edmonds	
		23b. DATE SIGNED 12, 3, 57	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) None		25b. DATE Nov 26, 1951 25c. NAME OF CEMETERY OR CREMATORIAL 25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho	
DATE REC'D BY LOCAL REG. Dec. 11-1951		REGISTRAR'S SIGNATURE Lorraine Budger	
		26. FUNERAL DIRECTOR Lee A. Stevens	
		ADDRESS Idaho Falls Idaho	



RECEIVED (1949 Revision of Standard Certificate)
C 17 1951 CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 103
Local Reg. No. 267
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH <u>Donnerville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)				
a. COUNTY <u>Blaine</u>	b. STATE <u>Idaho</u>	a. STATE <u>Blaine</u>	b. COUNTY <u>Blaine</u>			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Idaho Falls</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blaine</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blaine</u>				
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>	d. STREET ADDRESS <u>795 Cleveland</u>	(If rural, give location)				
3. CHILD'S NAME (Type or Print) <u>Baby Davis - Twin</u>						
4. SEX <u>Female</u>	5a. THIS BIRTH <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov 25 - 1951</u>			
7. FATHER'S NAME <u>Alfred</u>	a. (First) <u>Alfred</u>	b. (Middle) <u></u>	c. (Last) <u>Davis</u>			
9. AGE (At time of this birth) <u>43</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pax, West Virginia</u>	11a. USUAL OCCUPATION <u>JEWELER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Ames Jewelry</u>			
12. MOTHER'S MAIDEN NAME <u>Hudema</u>	a. (First) <u>Hudema</u>	b. (Middle) <u></u>	c. (Last) <u>Nance</u>			
14. AGE (At time of this birth) <u>41</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ammon, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) <table border="1" style="width: 100%;"><tr> <td>a. How many children are now living? <u>1</u></td> <td>b. How many children were born alive but are now dead? <u>1</u></td> <td>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u></td> </tr></table>		a. How many children are now living? <u>1</u>	b. How many children were born alive but are now dead? <u>1</u>	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>
a. How many children are now living? <u>1</u>	b. How many children were born alive but are now dead? <u>1</u>	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>				
17. INFORMANT <u>Lu Denna Davis</u>	18a. LENGTH OF PREGNANCY <u>24 weeks</u> 18b. WEIGHT AT BIRTH <u>LBS. OZS.</u> 19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>October 25, 1951</u>					
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Still birth (Prematurity)</u> 20b. MATERNAL CAUSES <u>39.5</u>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY				
<p>I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u></p>		<p>23a. ATTENDANT'S SIGNATURE <u>B. Davis</u> (Specify if M. D., midwife, or other) 23b. DATE SIGNED <u>12-3-51</u></p>				
23c. ATTENDANT'S ADDRESS <u></u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u></u> TITLE <u></u> If NOT attended by physician				
25a. BURIAL, CREMATION, REMOVAL (Specify) <u></u>	25b. DATE <u>Nov. 26 - 1951</u>	25c. NAME OF CEMETERY OR CREMATORIAL <u></u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 11-1951</u>	REGISTRAR'S SIGNATURE <u>Anna Bridges</u>	26. FUNERAL DIRECTOR <u>Les A. Williams</u>	ADDRESS <u>Idaho Falls Idaho</u>			



NOV 21 1951 CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.....

Local Reg. No..... 20

Reg. Dist. No..... 3 (a) 2

1. PLACE OF STILLBIRTH

a. COUNTY Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Nampac. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Samaritan Hospital

3. CHILD'S NAME

(Type or Print)

Infant Son Coble

4. SEX

Male

5a. THIS BIRTH

SINGLE TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF (Month) (Day) (Year)

STILLBIRTH Nov. 12, 1951

7. FATHER'S NAME

Warren

E

Coble

White

9. AGE (At time of this birth)

25 YEARS

10. BIRTHPLACE (State or foreign country)

New Bridge, Oregon

11a. USUAL OCCUPATION

Carpenter

11b. KIND OF BUSINESS OR INDUSTRY

Self

12. MOTHER'S MAIDEN NAME

Violet

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

White

14. AGE (At time of this birth)

24 YEARS

15. BIRTHPLACE (State or foreign country)

Mitchell, So. Dak.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

1

0

1

17. INFORMANT

Warren E Coble

Nampa, Idaho

18a. LENGTH OF PREG-

35 WEEKS

18b. WEIGHT AT BIRTH

NANCY

19. Was a standard serological test for syphilis performed?

LBS. OZS.

Yes..... No.....
y 32.4

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

None.

20b. MATERNAL CAUSES

Preeclamptic toxemia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Toxemia

22. STATE ALL OPERATIONS FOR DELIVERY

Spontaneous delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at

at 2:40 m.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

11-13-51

23a. ATTENDANT'S SIGNATURE

General E. Schaefer M.D.

23c. ATTENDANT'S ADDRESS

Nampa, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

DATE REC'D BY LOCAL REG

Nov 17, 1951

REG

My. Jane Schaefer

REGISTRAR'S SIGNATURE

John F. Alsip

REG

Robinson-Alsip Funeral Chapel

25b. DATE

11/14/51

25c. NAME OF CEMETERY OR CREMATORIAL

Kohlerlawn

25d. LOCATION (City, town, or county) (State)

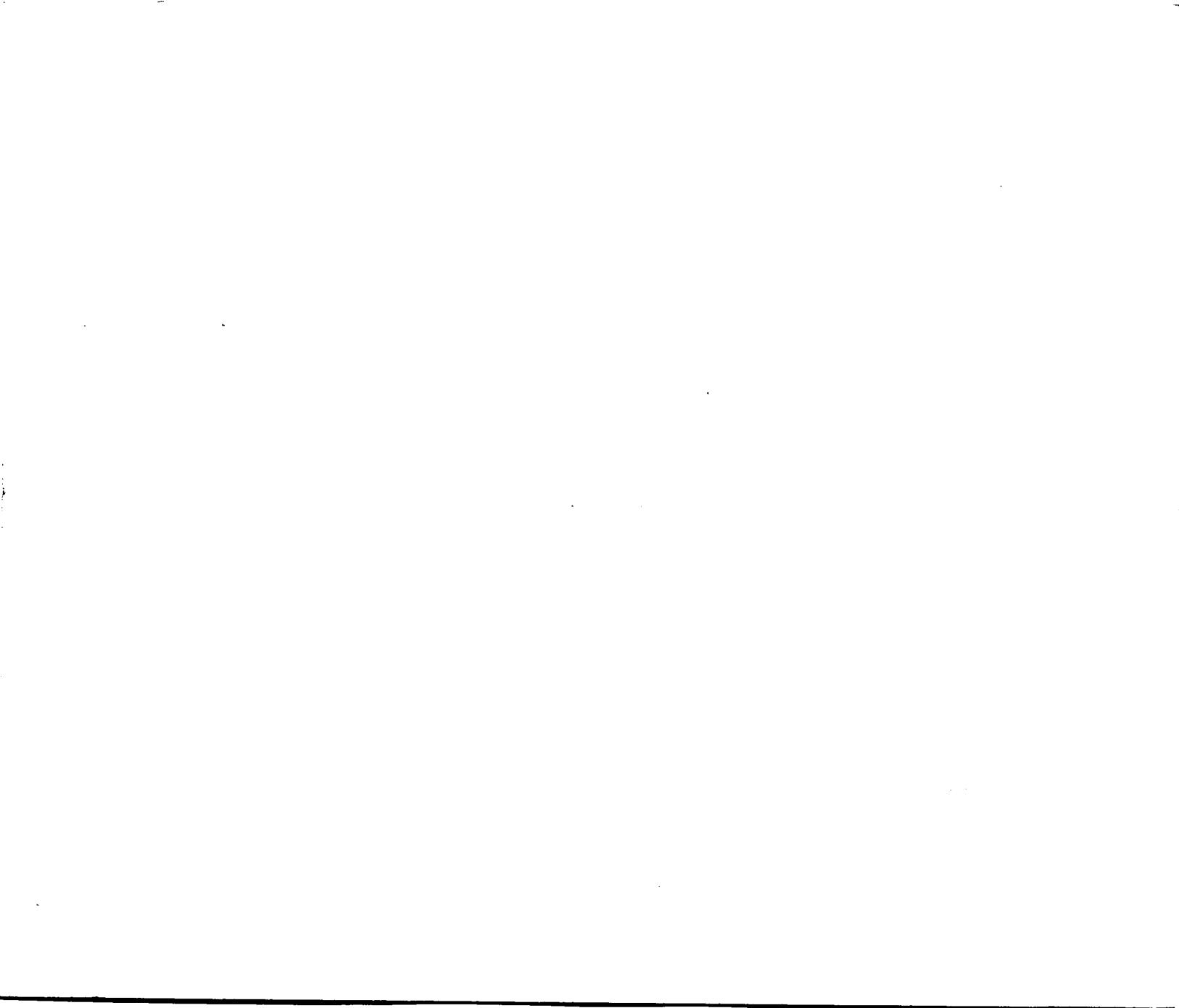
Nampa, Idaho

26. FUNERAL DIRECTOR

ADDRESS

Nampa, Ida.

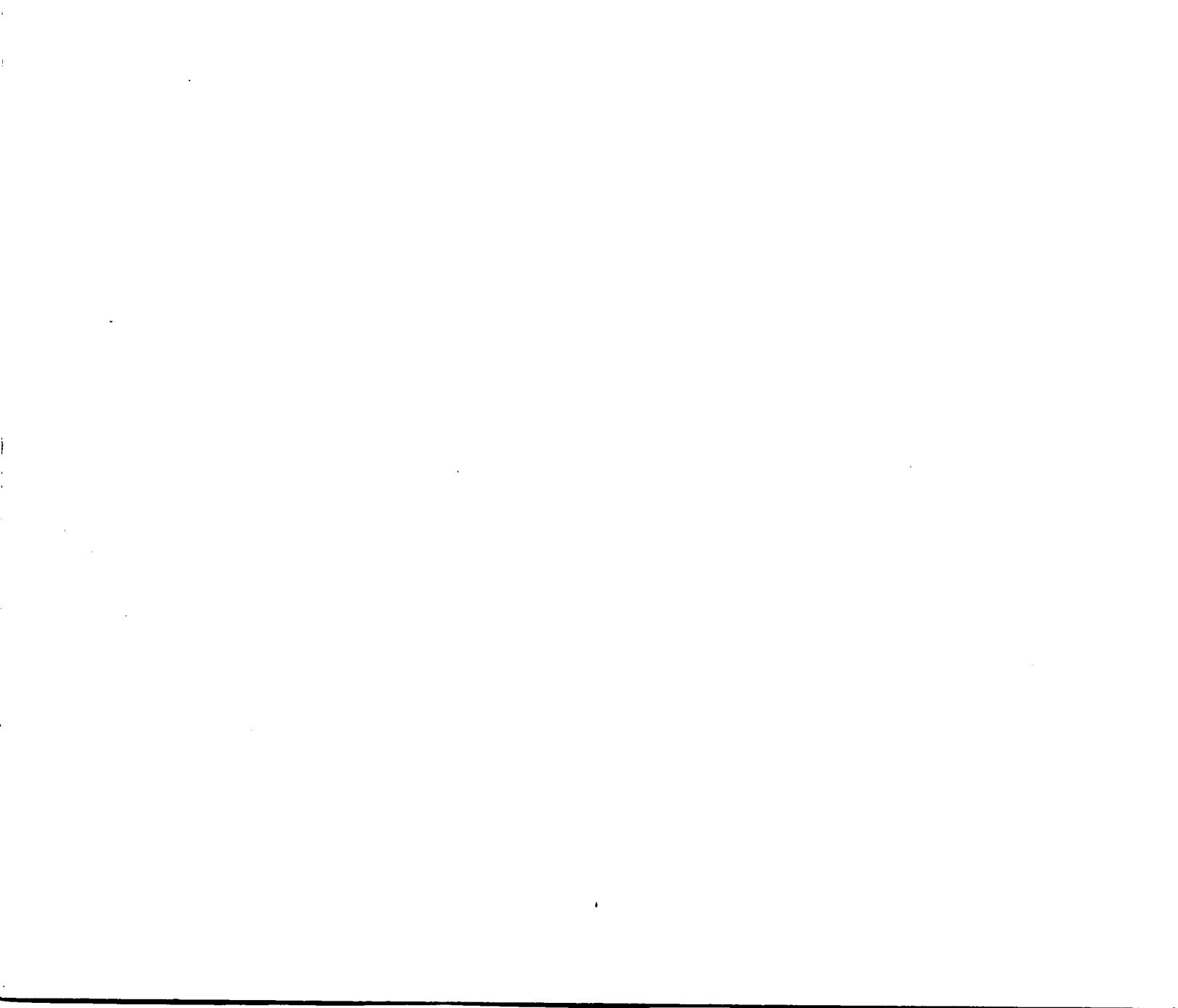
Robinson-Alsip Funeral Chapel



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DEC 10 1951
DIVISION OF VITAL
State of Idaho

 State File No. 105
 Local Reg. No. 20
 Reg. Dist. No. 34.2

1. PLACE OF STILLBIRTH STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Canyon</u>	b. STATE <u>Idaho</u>	a. COUNTY <u>Canyon</u>	b. STATE <u>Idaho</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>	c. STREET ADDRESS (If rural, give location) <u>715 Chestnut Street</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Mary Farber</u>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>NOV. 13, 1951.</u>	
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>NOV. 13, 1951.</u>
7. FATHER'S NAME <u>Jack Russell Farber</u>	a. (First)	b. (Middle)	c. (Last)
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Payette, Idaho</u>	11a. USUAL OCCUPATION <u>Physician</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>Amelia</u>	a. (First)	b. (Middle)	c. (Last)
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>G.R. Farber M.D.</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>7lb 11 oz</u>	19. Was a standard serological test for syphilis performed? Yes... <input checked="" type="checkbox"/> ... No... <input type="checkbox"/> <u>Y38.5</u>	
20a. FETAL CAUSES		Prematurity and achondroplastic dwarfism.	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES None.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None.		22. STATE ALL OPERATIONS FOR DELIVERY Prophylactic forceps.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>at m.</u>		23a. ATTENDANT'S SIGNATURE <u>W.B. Ross</u>	(Specify if M. D., midwife, or other) <u>Phys</u>
23c. ATTENDANT'S ADDRESS		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John J. Alsip Jr.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	25d. LOCATION (City, town, or county) (State) <u>Nampa Idaho</u>
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Mrs. Jane Stuck</u>	26. FUNERAL DIRECTOR ADDRESS <u>John J. Alsip Jr. Nampa Idaho</u>
			Robinson-Alsip Funeral Chapel



RECEIVED

(1949 Revision of Standard Certificate)

JULY 14 1951 CERTIFICATE OF STILLBIRTH

VISION OF VITAL STATE OF IDAHO

State File No. 1

Local Reg. No. 21

Reg. Dist. No. 343

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Nampa.

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mcney Sharp

3. CHILD'S NAME

(Type or Print)

Ellen Fay

4. SEX

F

5a. THIS BIRTH

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD 6. DATE OF
STILLBIRTH (Month) (Day) (Year)

11 29 51

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

Hubert Lawrence Sharp

W

9. AGE (At time of this birth)

21

10. BIRTHPLACE (State or foreign country)

YEARS

Missouri

11a. USUAL OCCUPATION

U.S. Air Force

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Phyllis Jean Nappa

W

14. AGE (At time of this birth)

21

16. BIRTHPLACE (State or foreign country)

YEARS

Tulsa, Okla.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

17. INFORMANT

Phyllis Jean Nappa - Mother

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

18a. LENGTH OF PREG.

35

18b. WEIGHT AT BIRTH

WEEKS

Nancy 5 LBS. 74 OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

June 1951 X 36.0

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Short Tight Cord about Neck.

20b. MATERNAL CAUSES

Jaundice and Hepatitis - 1 month, Toxic and Vomiting

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Cord Tight About Neck.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

22. STATE ALL OPERATIONS FOR DELIVERY

Left lateral Episiotomy, daw forceps.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

12-1-51

23a. ATTENDANT'S SIGNATURE

Clara Hastings MD

23c. ATTENDANT'S ADDRESS

1116 2nd Ave Nampa

IF NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

JULY 14 1951

25c. NAME OF CEMETERY OR CREMATORIUM

State

25d. LOCATION (City, town, or county)

(State)

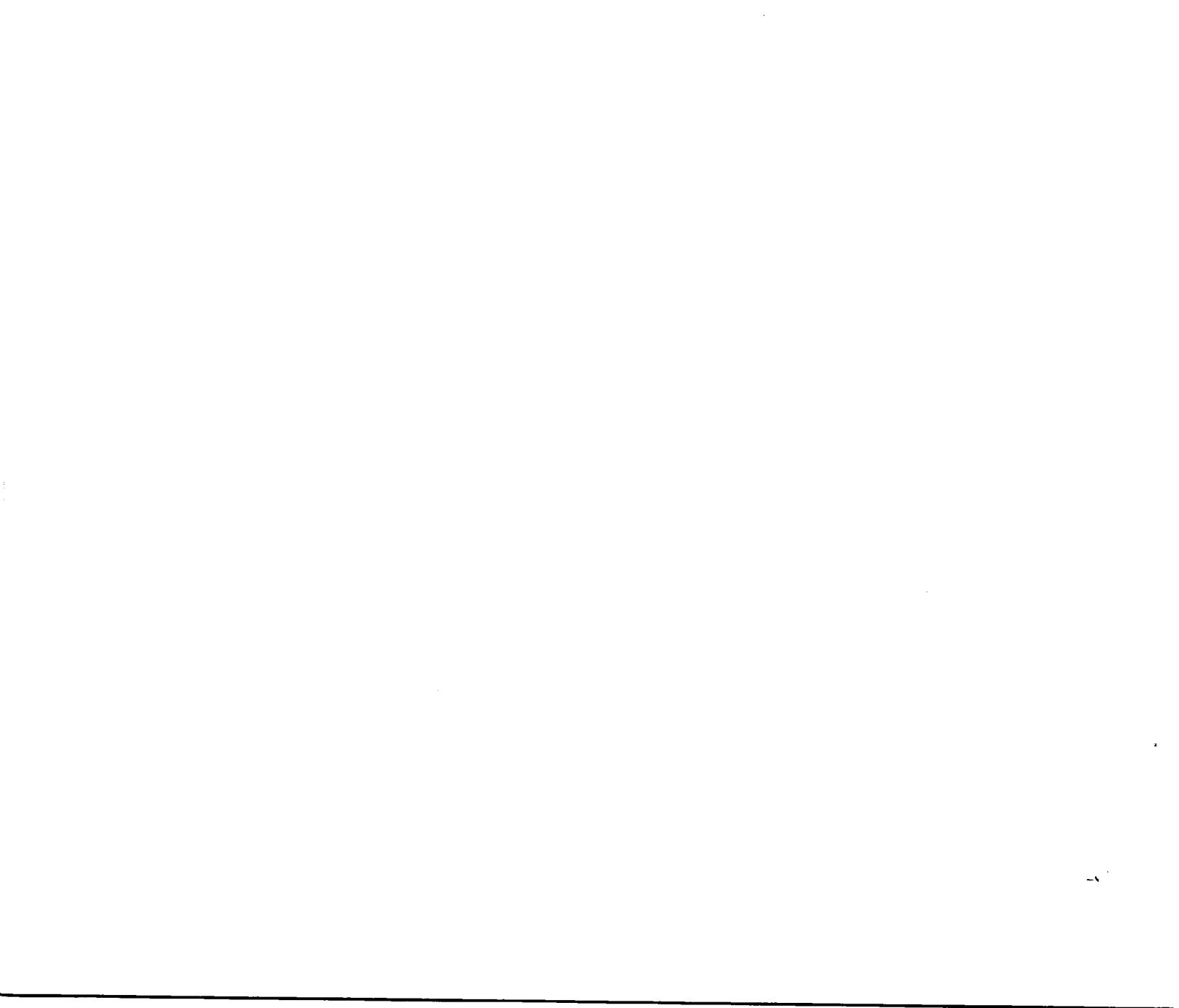
DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

Dec 11, 1951 Mrs Jane Stark

26. FUNERAL DIRECTOR

ADDRESS



27 1951 CERTIFICATE OF STILLBIRTH
OF VITAL

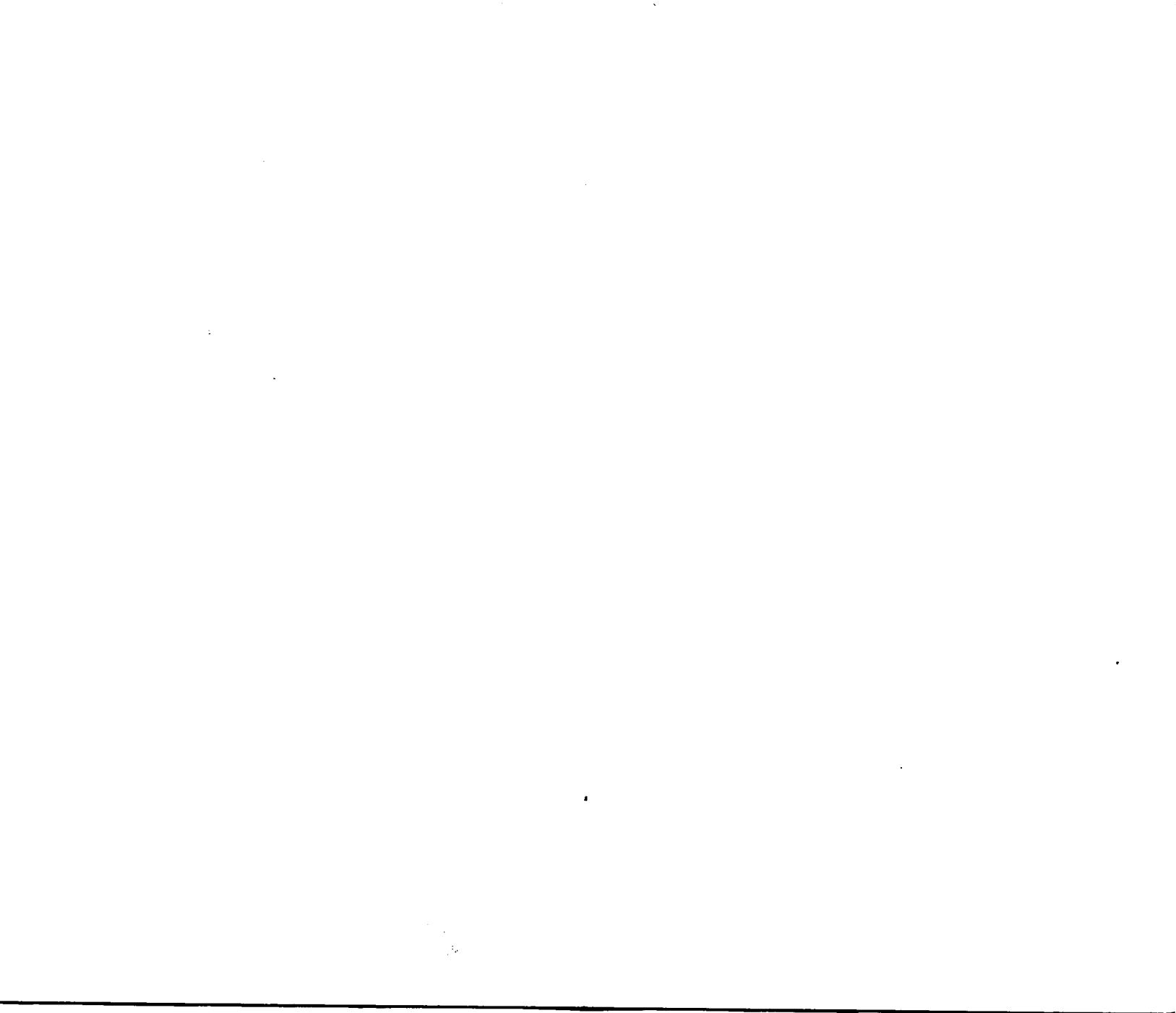
State of Idaho

State File No.

Local Reg. No. 482

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) 424 West 19th Street	
3. CHILD'S NAME (Type or Print) Baby Harpster			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 27, 1951
7. FATHER'S NAME Harry	a. (First) Lee	b. (Middle) Harpster	c. (Last) Jr.
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Burley, Idaho	11a. USUAL OCCUPATION Baker	11b. KIND OF BUSINESS OR INDUSTRY Bakery
12. MOTHER'S MAIDEN NAME Beverley	a. (First) b. (Middle)	b. (Middle) c. (Last)	13. COLOR OR RACE White
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT Harry Harpster Jr.			
18a. LENGTH OF PREG. NANCY 26 WEEKS	18b. WEIGHT AT BIRTH LBS. 18 OZS. 5	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date x 36.5	
20a. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Placental infarcts	20b. FETAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Thrombophlebitis Left. Leg.		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE James B. Burke M.D.	(Specify if M. D., midwife, or other) 23b. DATE SIGNED Dec 6, 1951
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		25b. DATE Nov. 27, 51	25c. NAME OF CEMETERY OR CREMATORIAL Cottage Hospital
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE R. A. Wilson	26. FUNERAL DIRECTOR J. Gaster Payne, Burley
			ADDRESS



RECEIVED (1949 Revision of Standard Certificate)

JULY 27 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No. 108

Local Reg. No. 25

Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH (If outside corporate limits, write RURAL and give township or town)

a. COUNTY

GEM

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN EMMETTc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION MARY SECOR Hospital

3. CHILD'S NAME

(Type or Print)

BABY CRITES

4. SEX

7

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

6. DATE OF STILLBIRTH (Month) (Day) (Year)

11 - 9 - 51

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

Vernon

C.

Crites

White

9. AGE (At time of this birth)

26

YEARS

10. BIRTHPLACE (State or foreign country)

Walker, Mo.

11a. USUAL OCCUPATION

Butcher

11b. KIND OF BUSINESS OR INDUSTRY

Butcher

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

Mona

Lee

Allen

White

14. AGE (At time of this birth)

23

YEARS

15. BIRTHPLACE (State or foreign country)

Emmett

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

2

0

2

17. INFORMANT

Mona Lee Crites

18a. LENGTH OF PREG.

NANCY

20

WEEKS

18b. WEIGHT AT BIRTH

1 LBS.

12 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date values seen for first time at 137.6

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

unknown (Cause Undetermined)

20b. MATERNAL CAUSES

unknown (Cause undetermined)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

Expectated

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

Donald F. Lawrence

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

11/14/51

23c. ATTENDANT'S ADDRESS

Emmett

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

25b. DATE

NOV 12 1951

25c. NAME OF CEMETERY OR CREMATORIAL

RIVERSIDE

25d. LOCATION (City, town, or county) (State)

EMMETT, IDAHO

DATE REC'D BY LOCAL REG.

Nov. 14, 1951

REGISTRAR'S SIGNATURE

John W. Beatty

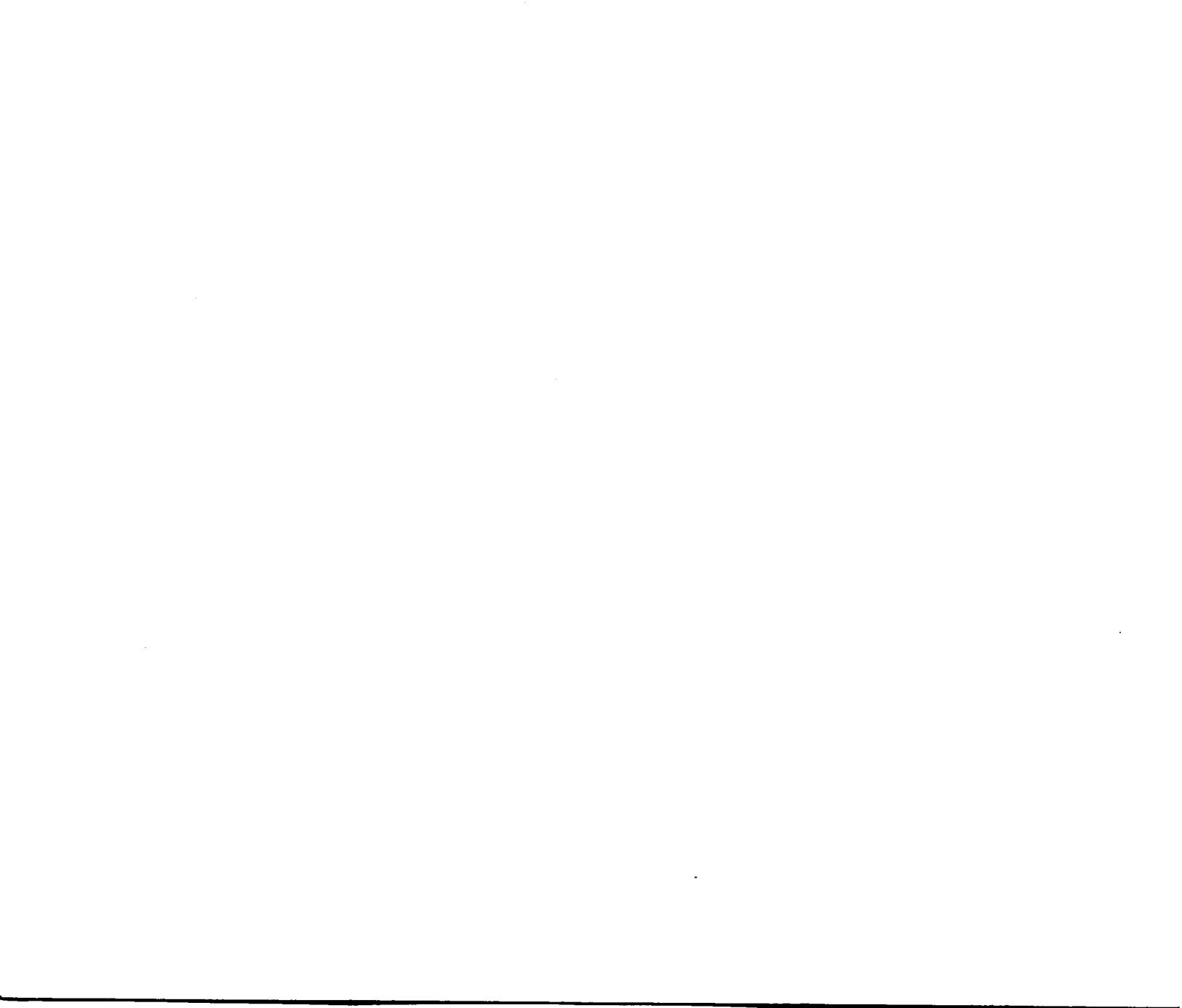
26. FUNERAL DIRECTOR, ADDRESS

John W. Beatty

ADDRESS

BEATTY CHAPEL

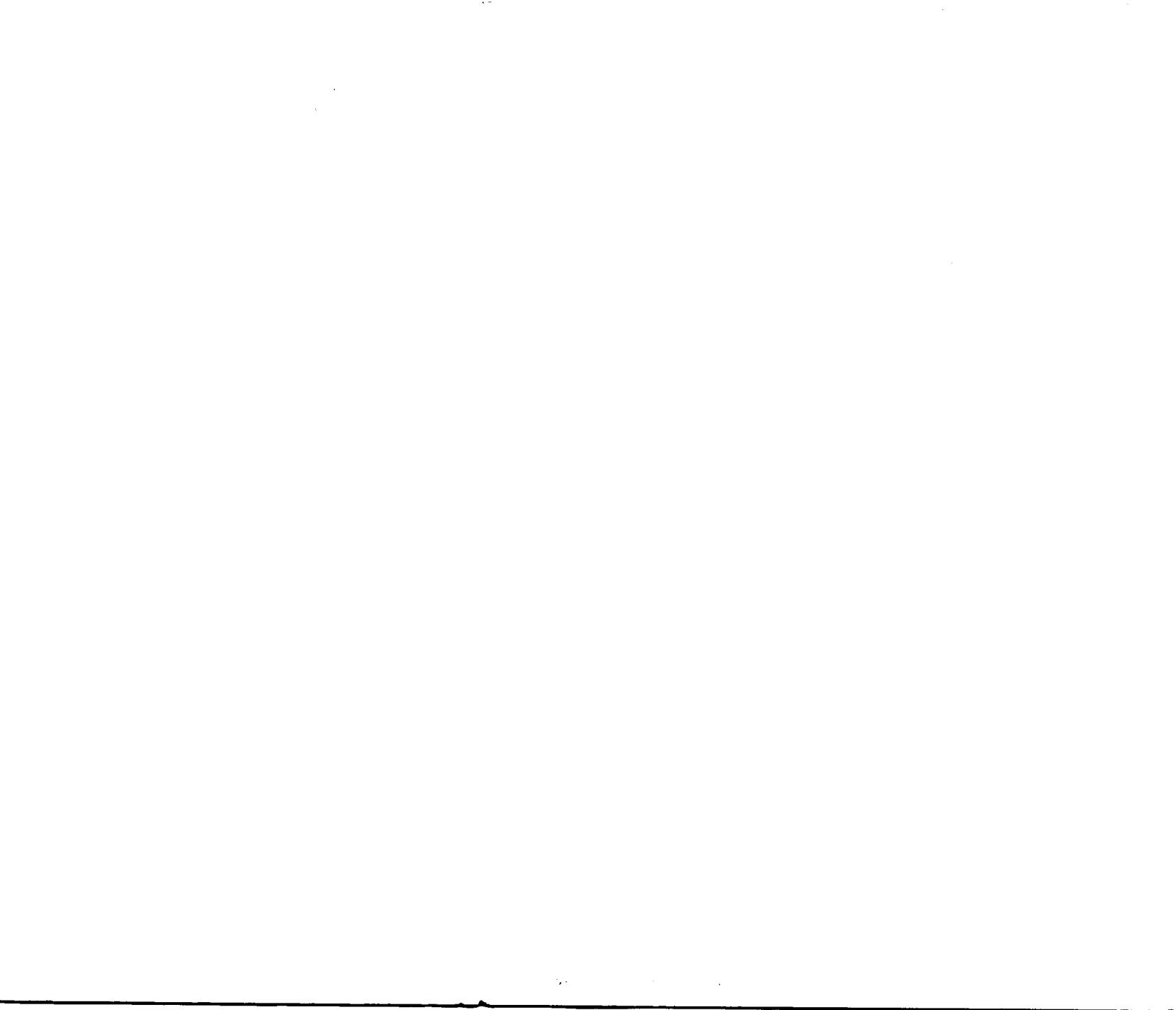
EMMETT, IDAHO



RECEIVED
1949 Revision of Standard Certificate
CERTIFICATE OF STILLBIRTH
NOV 21 1951
OF VITAL State of Idaho

State File No. 29
Local Reg. No. 640
Reg. Dist. No. 640

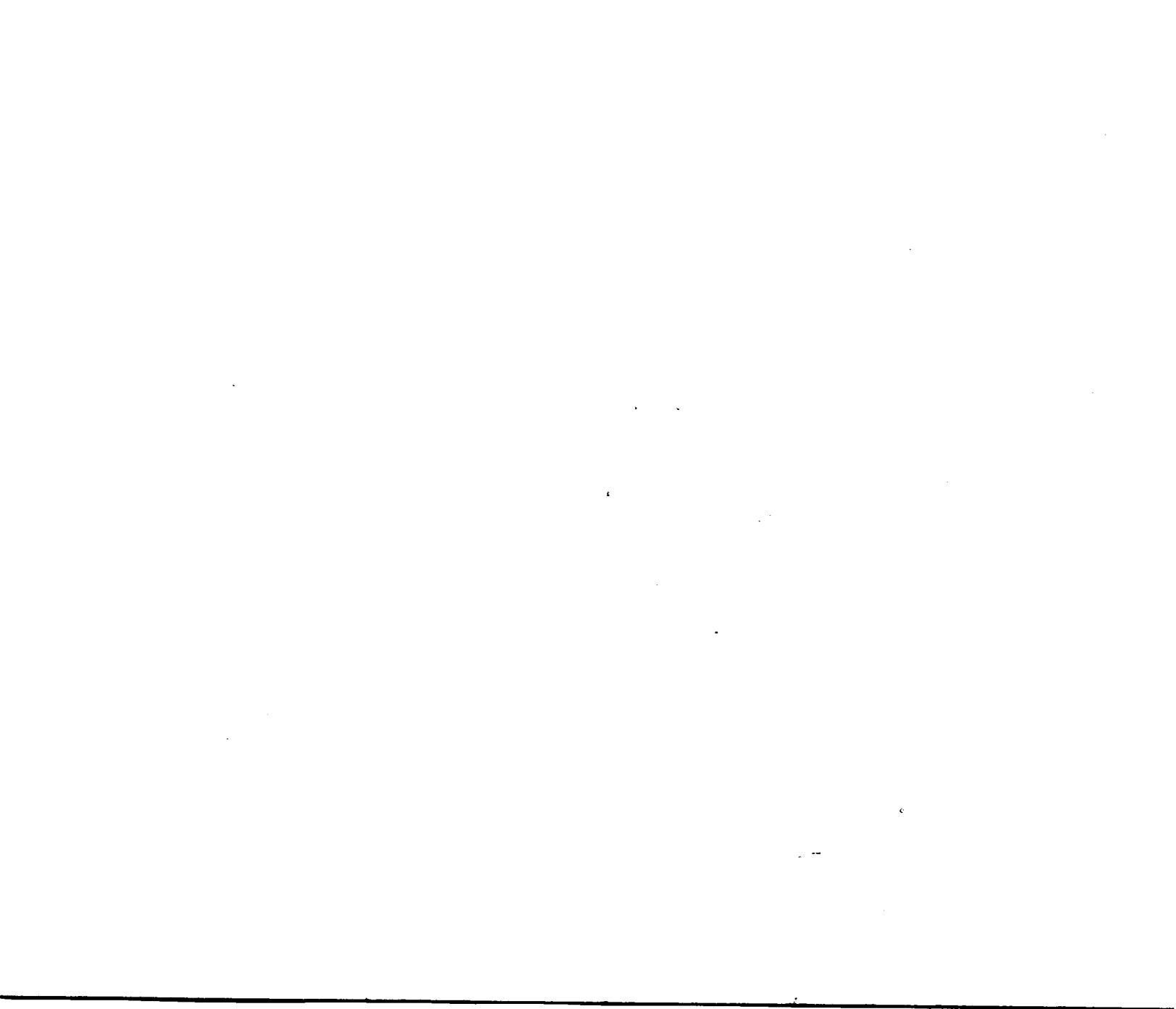
1. PLACE OF STILLBIRTH STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)				
a. COUNTY Jefferson	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby	a. STATE Idaho	b. COUNTY Jefferson			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hendricks Mat. Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rigby				
3. CHILD'S NAME (Type or Print) BABY LUNDQUIST		d. STREET ADDRESS (If rural, give location) Route #2				
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) Nov. (Day) 5, 1951 (Year)			
7. FATHER'S NAME Blaine	a. (First) Blaine	b. (Middle) R.	c. (Last) Lundquist			
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Rigby, Idaho	11a. USUAL OCCUPATION Carpenter	11b. KIND OF BUSINESS OR INDUSTRY General			
12. MOTHER'S MAIDEN NAME Edith	a. (First) Edith	b. (Middle) Joan	c. (Last) Madsen			
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Rigby, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) <table border="0" style="width: 100%;"> <tr> <td>a. How many children are now living? none</td> <td>b. How many children were born alive but are now dead? none</td> <td>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none</td> </tr> </table>		a. How many children are now living? none	b. How many children were born alive but are now dead? none	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none
a. How many children are now living? none	b. How many children were born alive but are now dead? none	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none				
17. INFORMANT Blaine R. Lundquist	18a. LENGTH OF PREGNANCY 32 WEEKS					
18b. WEIGHT AT BIRTH 8 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June 1951	20a. FETAL CAUSES Choked Cord -				
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES Diabetes Mellitus					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none	22. STATE ALL OPERATIONS FOR DELIVERY Low Forceps & episiotomy					
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE Seldon Jall, M.D.		23b. DATE SIGNED 11/6/51			
23c. ATTENDANT'S ADDRESS Rigby, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL C. M. Eckhardt			
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 11-6-51	25c. NAME OF CEMETERY OR CREMATORIUM Pioneer	25d. LOCATION (City, town, or county) (State) Rigby, Idaho			
DATE REC'D BY LOCAL REG. 11-7-51	REGISTRAR'S SIGNATURE Mrs. A. B. Cokersell	26. FUNERAL DIRECTOR C. M. Eckhardt	ADDRESS Rigby, Idaho			



RECEIVED (1949 Revision of Standard Certificate)
DEC 13 1951 CERTIFICATE OF STILLBIRTH
State of Idaho
DIVISION OF VITAL STATISTICS

 State File No. 120
 Local Reg. No. 127
 Reg. Dist. No. 200

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Wash.</u> b. COUNTY <u>Whitman</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>MOSCOW</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palouse</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Memorial</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Linda Sue Styer</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 16, 1951</u>
7. FATHER'S NAME	a. (First) <u>Robert</u>	b. (Middle) <u>Lloyd</u>	c. (Last) <u>Styer</u>
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Colone S. D.</u>	11a. USUAL OCCUPATION <u>Service Station Op.</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>
12. MOTHER'S MAIDEN NAME <u>Dorothy</u>	a. (First) <u>Dorothy</u>	b. (Middle) <u>Ardean</u>	c. (Last) <u>Sowl</u>
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Neb.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Robert L. Styer</u>			
18a. LENGTH OF PREG- NANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7 lbs. 4 ozs.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May, 1951</u> <u>Y36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Placenta abruptio</u>		
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:30 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>G. Larson MD</u>	
23c. ATTENDANT'S ADDRESS <u>Moscow Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11-19-51</u>	25c. NAME OF CEMETERY OR CREMATORIAL <u>Palouse Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Palouse, Washington</u>
DATE REC'D BY LOCAL REG. <u>11/29/51</u>	REGISTRAR'S SIGNATURE <u>Loris E. Angel</u>	26. FUNERAL DIRECTOR ADDRESS <u>Reynolds Palouse Wash.</u>	



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NOV 10 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL State of Idaho

State File No. 101

Local Reg. No. 224

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	<i>Mez Perce</i>	a. STATE	<i>Idaho</i>
b. CITY (If outside corporate limits, write RURAL and give township or town)	<i>Lewiston</i>	b. COUNTY	<i>Mez Perce</i>
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	<i>St. Joseph</i>	c. CITY (If outside corporate limits, write RURAL and give township or town)	<i>Lewiston Orchards</i>
d. STREET ADDRESS	<i>1220 - Powers</i>		

3. CHILD'S NAME

(Type or Print)

Baby Donald Lorraine Wolfe

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
<i>Female</i>	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<i>11 - 21 - 51</i>

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	<i>Ferman</i>		<i>Wolf</i>	<i>white</i>

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
<i>52</i> YEARS	<i>Yellville, Arkansas</i>	<i>Carpenter</i>	

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	<i>Helen</i>		<i>Swanson</i>	<i>white</i>

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
<i>38</i> YEARS	<i>Spokane, Wash</i>	a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT	<i>Jeronim Wolfe</i>	18a. LENGTH OF PREG. NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Aug. 1951</i>
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20a. FETAL CAUSES	<i>None apparent</i>		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	<i>Probable inadequate hormonal activity</i>	

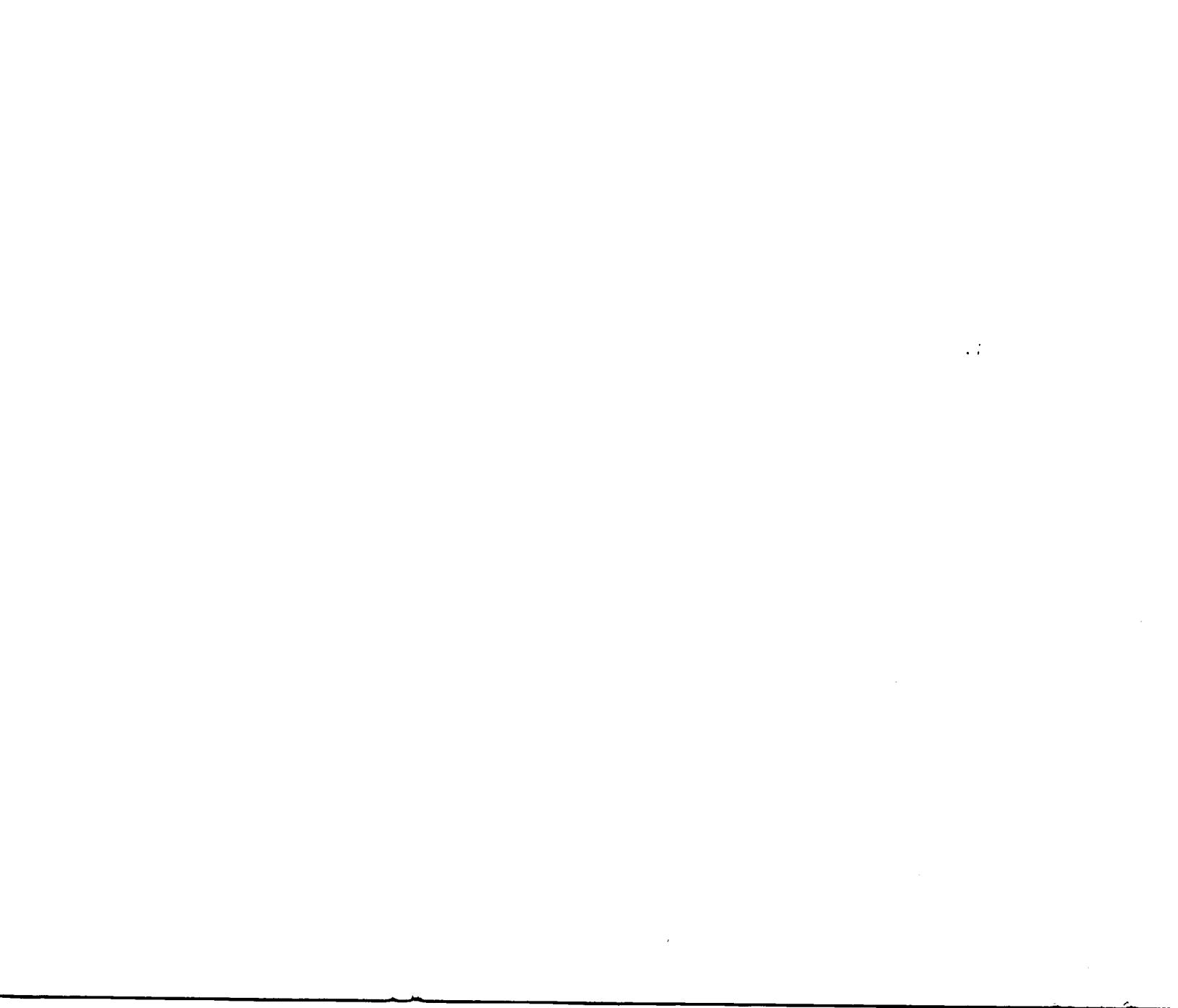
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
<i>None</i>	<i>Spontaneous</i>

I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>m.</i>	23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
	<i>O. M. Hussey M. D.</i>		<i>11-30-51</i>

23c. ATTENDANT'S ADDRESS	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE

25a. BURIAL, CREMA-TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>11-30-51</i>	<i>Normal Hill</i>	<i>Lewiston, Idaho</i>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
<i>Nov. 30, 1951</i>	<i>Jean Negelius</i>	<i>Vincent J. Vassar Funeral Home</i>	<i>Lewiston, Idaho</i>



RECEIVED

(1949 Revision of Standard Certificate)

C 10 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No. 102

Local Reg. No. 225

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH

a. COUNTY

Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township or town)

Lewiston

c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

St Joseph's

3. CHILD'S NAME

(Type or Print)

NITA

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township or town)

Lewiston

d. STREET ADDRESS (If rural, give location)

925 - 8th ave.

4. SEX

Female

5a. THIS BIRTH

 SINGLE TWIN TRIPLET 1ST 2ND 3RD

6. DATE OF STILLBIRTH (Month)

(Day)

(Year)

Nov 22 1951

7. FATHER'S NAME

a. (First)

Ara

b. (Middle)

E

c. (Last)

Taylor

8. COLOR OR RACE

White

9. AGE (At time of this birth)

25

YEARS

10. BIRTHPLACE (State or foreign country)

North Dakota

11a. USUAL OCCUPATION

Door Forman

11b. KIND OF BUSINESS OR INDUSTRY

C.P.R.R.

12. MOTHER'S MAIDEN NAME

a. (First)

Nita

b. (Middle)

L.

c. (Last)

Russell

13. COLOR OR RACE

White

14. AGE (At time of this birth)

17

YEARS

15. BIRTHPLACE (State or foreign country)

Lewiston

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

none no . no .

17. INFORMANT

Dra C Taylor

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

y36.2

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Premature placental separation.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify M.D., midwife, or other)

A. J. White, M.D.

23b. DATE SIGNED

11-23-51

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORIAL

25d. LOCATION (City, town, or county)

(State)

Burial

Mar 23-51

Normal Hill

Lewiston Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

Nov. 30, 1951

Jean Negelius

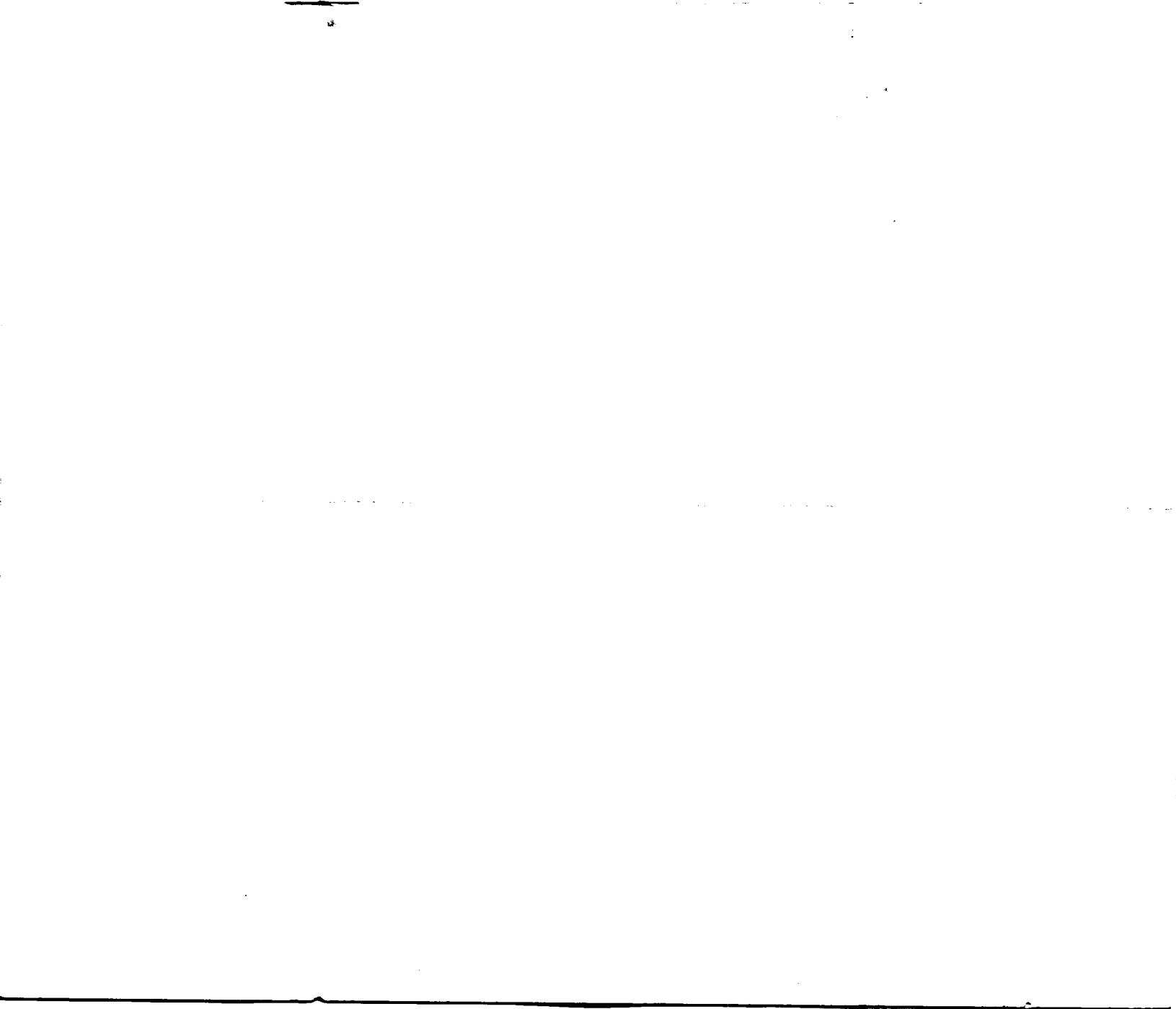
Andrew G. Vassar Lewiston, Ida.

MAR 11 1983

RECEIVED
CERTIFICATE OF STILLBIRTH
NOV 20 1951
State of Idaho

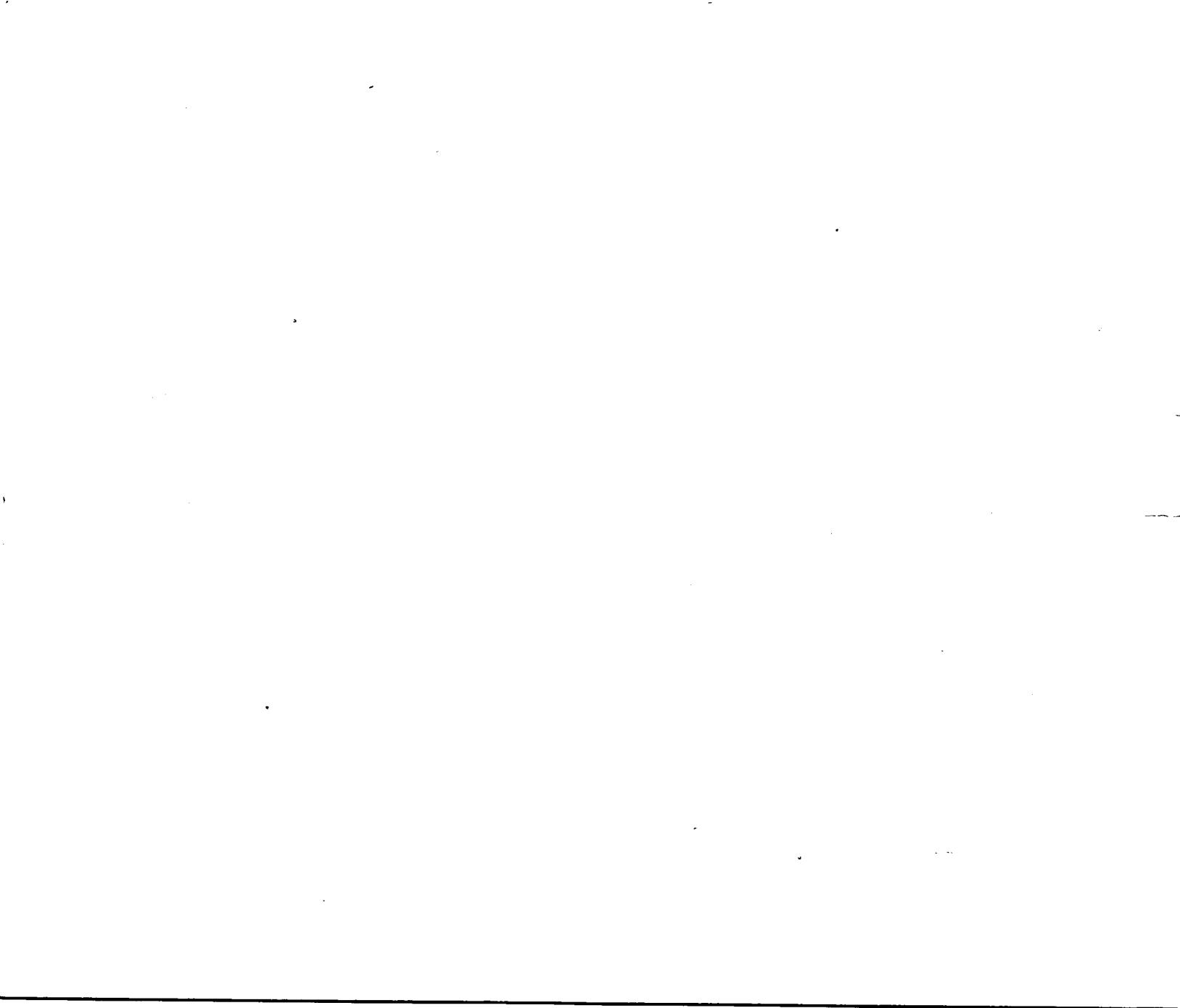
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1949 Revision of Standard Certificate
State File No. 13
Local Reg. No. 13
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)						
a. COUNTY	Jewell County	a. STATE	Idaho					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Twin Falls	b. COUNTY	Jewell County					
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	(Lown) Magic Valley	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Box 333					
d. STREET ADDRESS	(If rural, give location)							
3. CHILD'S NAME (Type or Print)		4. SEX						
Carolyn June		Fe	5a. THIS BIRTH					
		SINGLE <input type="checkbox"/>	TWIN <input checked="" type="checkbox"/>	TRIPLET <input type="checkbox"/>	1ST <input checked="" type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH
7. FATHER'S NAME		a. (First)		b. (Middle)		c. (Last)		8. COLOR OR RACE
Art Anderset		Lars		Ole		Anders		white
9. AGE (At time of this birth) 22 YEARS		10. BIRTHPLACE (State or foreign country) North Dakota		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME		a. (First)		b. (Middle)		c. (Last)		13. COLOR OR RACE
Nancy Smith		Lars		Ole		Smith		white
14. AGE (At time of this birth) 18 YEARS		15. BIRTHPLACE (State or foreign country) Arkansas		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)				
17. INFORMANT Art Anderset				a. How many children are now living?		b. How many children were born alive but are now dead?		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG- NANCY 39 WEEKS		18b. WEIGHT AT BIRTH 6 LBS. 4 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date 1/37		
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES		Cerebral Anemia - Uterine Section (One distended uterus)				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Twin pregnancy and enlargement		22. STATE ALL OPERATIONS FOR DELIVERY						
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:15 P.M.		23a. ATTENDANT'S SIGNATURE		(Specify if M.D., midwife, or other)		Mid forceps delivery from h 08 & 100. 11/13/51		
		Ivan Abasen M.D.						
23c. ATTENDANT'S ADDRESS Twin Falls, Idaho		IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE		
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		25b. DATE 11/15/51		25c. NAME OF CEMETERY OR CREMATORIAL Sunset Memorial Park Twin Falls, Idaho		25d. LOCATION (City, town, or county) (State) Twin Falls, Idaho		
DATE REC'D BY LOCAL REG. 1-15-51		REGISTRAR'S SIGNATURE Aloma Packard		26. FUNERAL ARRANGEMENTS Twin Falls, Idaho				



RECEIVED (1949 Revision of Standard Certificate)
DEC 29 1955 CERTIFICATE OF STILLBIRTH
State of IdahoState File No.
Local Reg. No. 443
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY		STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE	
Ada				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		Boise		Elmore	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		St. Lukes Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
				Mountain Home	
d. STREET ADDRESS		(If rural, give location)		City	
3. CHILD'S NAME (Type or Print)		PAMELA HALL		6. DATE OF (Month) (Day) (Year) STILLBIRTH	
4. SEX		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
Female				Dec. 3, 1951	
7. FATHER'S NAME		a. (First) PERCE		b. (Middle) E.	
				c. (Last) HALL	
9. AGE (At time of this birth)		10. BIRTHPLACE (State or foreign country)		8. COLOR OR RACE	
39 YEARS		Hiram Utah		White	
12. MOTHER'S MAIDEN NAME		a. (First) ORPHA		11a. USUAL OCCUPATION	
				Lawyer	
14. AGE (At time of this birth)		15. BIRTHPLACE (State or foreign country)		11b. KIND OF BUSINESS OR INDUSTRY	
40 YEARS		Malad Idaho		Own Practice	
17. INFORMANT				16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
<i>Federal Health mt. home</i>				a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
				Two None None	
18a. LENGTH OF PREG- NANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
				6/8/51 Y36.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES		20b. MATERNAL CAUSES	
		None		Tociceia premature separation of Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY			
<i>Tociceia</i>				None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE		(Specify if M. D., midwife, or other)	
		<i>J. F. Lesser</i>		23b. DATE SIGNED	
		23c. ATTENDANT'S ADDRESS		23d. TITLE	
Burial Removal		Boise, Id		12/21/51	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25c. NAME OF CEMETERY OR CREMATORIAL	
12-26-51		Myrtle Palmer		25d. LOCATION (City, town, or county) (State)	
				Mountain View Cemetery Mountain Home Idaho	
				26. FUNERAL DIRECTOR ADDRESS	
				<i>Billy Ray Mountain Home Idaho</i>	



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(1949 Revision of Standard Certificate)

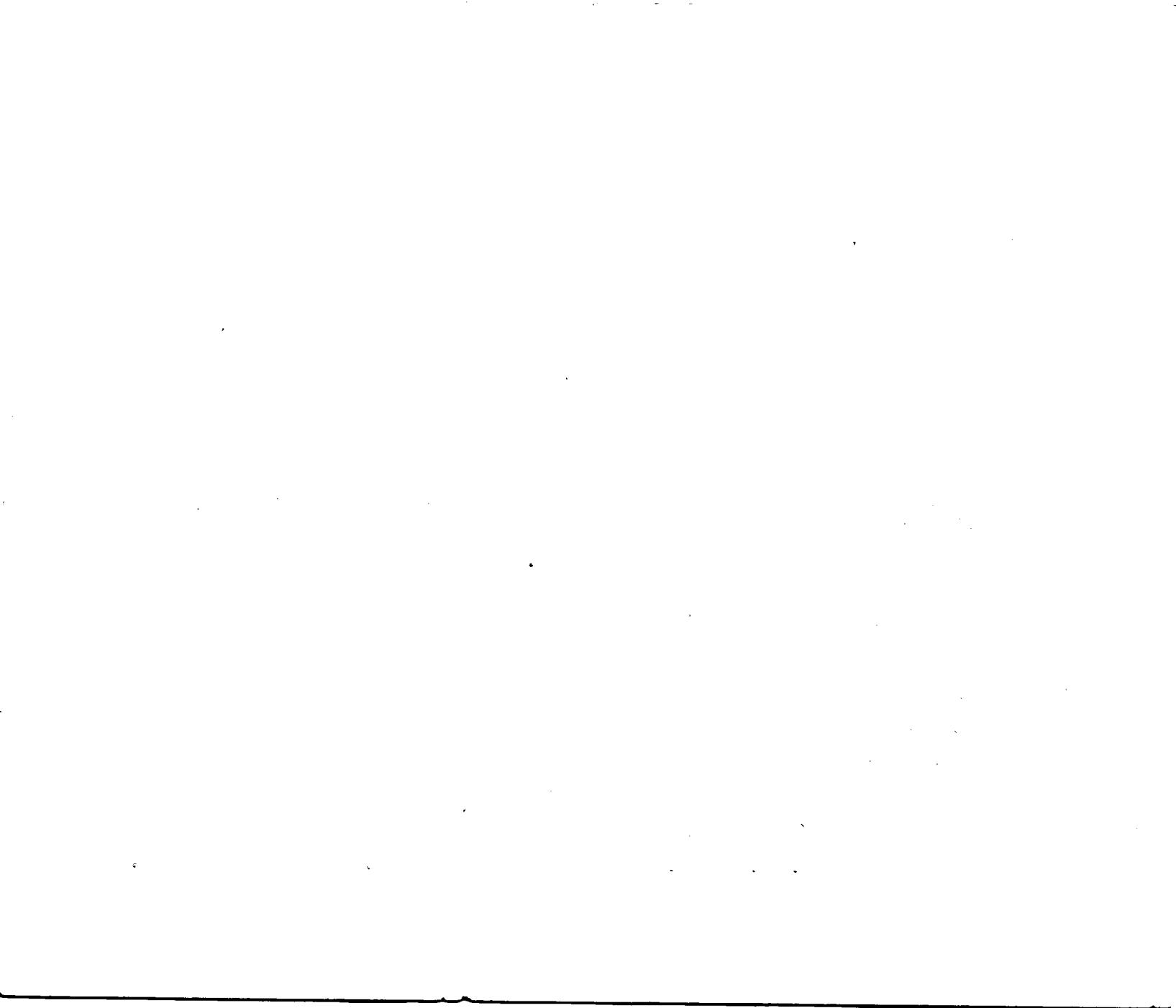
DEC 1 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATE OF IDAHO

State File No. 195

Local Reg. No. 432

Reg. Dist. No. 370

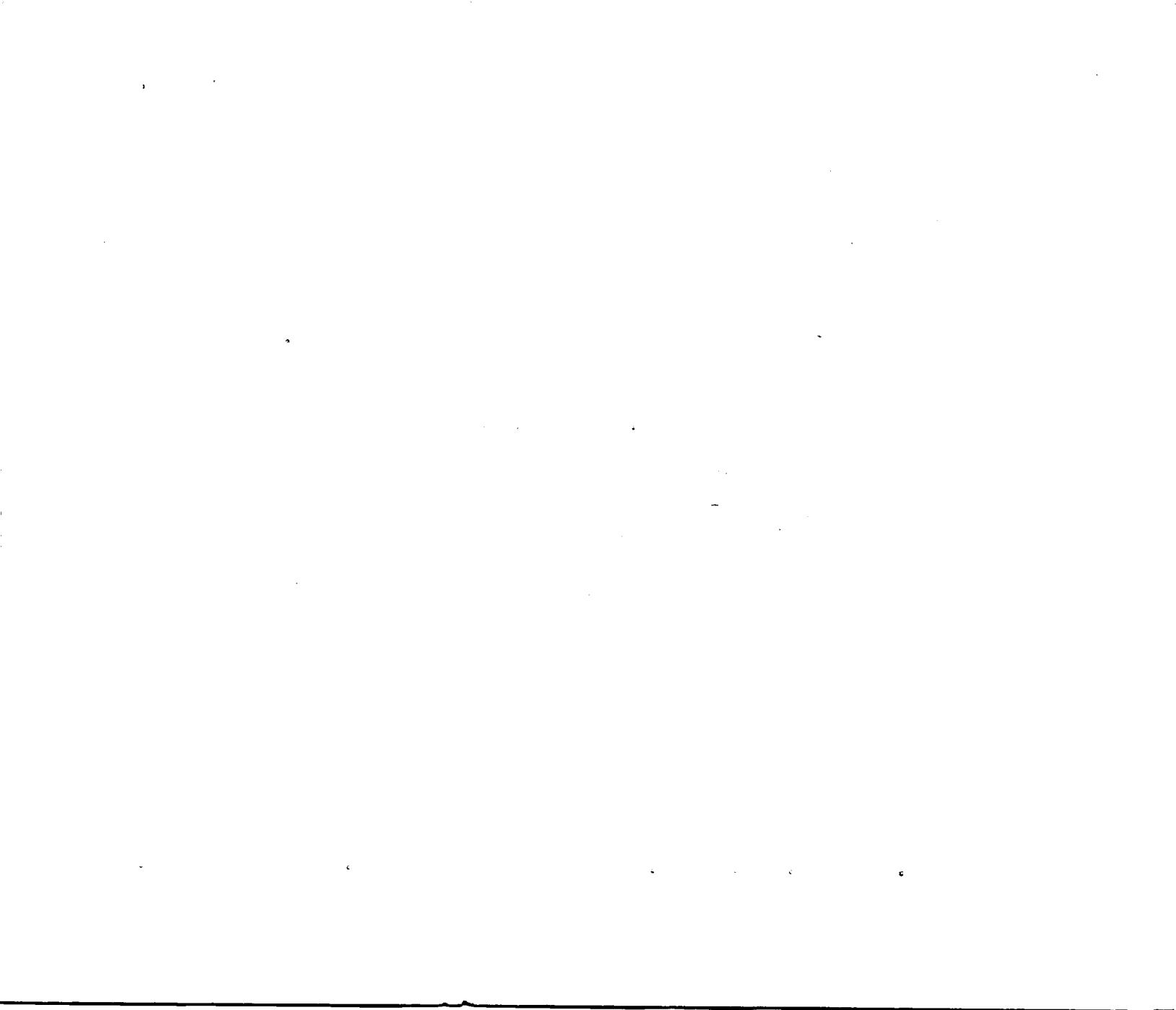
1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 1702 Longmont St	
3. CHILD'S NAME (Type or Print) Ronald Harshman			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 6 1951
7. FATHER'S NAME Herman	a. (First) Herman	b. (Middle) H.	c. (Last) Harshman
8. COLOR OR RACE White			
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Parma Idaho	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Martha	a. (First) J	b. (Middle)	c. (Last) Van Horn
13. COLOR OR RACE White			
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Colorado	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Ronan & Harshman Boise Ida.			
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 1957 139.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>undetermined.</i>		
20b. MATERNAL CAUSES <i>none -</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Median Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>J. C. Harshman</i> (Specify if M.D., midwife, or other)	
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>J. C. Harshman</i> 12-7-51
25a. BURIAL, CREMA-TION, REMOVAL (Specify) Burial		25b. DATE Dec. 8. 1951.	25c. NAME OF CEMETERY OR CREMATORIAL Canyon Hill Cemetery. Caldwell, Idaho.
25d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 12-12-51	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR Schreiber-McCann-Gibson.	ADDRESS Boise Idaho



RECEIVED (1949 Revision of Standard Certificate)
DEC 29 1951
CERTIFICATE OF STILLBIRTH
State of Idaho
DIVISION OF VITAL

 State File No. 125
 Local Reg. No. 444
 Reg. Dist. No. 370

1. PLACE OF STILLBIRTH <u>STATE</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Ada</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	a. STATE <u>Idaho</u>	b. COUNTY <u>Ada</u>
c. FULL NAME (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Alphonse</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Sublet</u>		d. STREET ADDRESS (If rural, give location) <u>1122 Franklin</u>	
4. SEX <u>Female</u>	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) <input type="checkbox"/>	6. DATE OF STILLBIRTH <u>Dec. 8 1951</u>
7. FATHER'S NAME <u>Bobby</u>	a. (First) <u>Joe</u>	b. (Middle) <u>Sublet</u>	c. (Last) <u>White</u>
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Emory Gap Tenn.</u>	11a. USUAL OCCUPATION <u>U. S. Air Force</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>Elizabeth</u>	a. (First) <u>(none)</u>	b. (Middle) <u>Widman</u>	13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Darmstadt-Eberstadt Germany</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Bobby J. Sublet</u>	18a. LENGTH OF PREGNANCY NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS. <u>Approximate date</u>	19. Was a standard serological test for syphilis performed? Yes <u>1</u> No <u>0</u> <u>7.151</u> <u>Y39.6</u>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Unknown</u>		
	20b. MATERNAL CAUSES <u>None known</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>or complications none</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>Breech Extraction</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>	23a. ATTENDANT'S SIGNATURE <u>J. F. Berger M.D.</u>	(Specify if M. D., midwife, or other) <u>12/13/51</u>	
	23c. ATTENDANT'S ADDRESS <u>House Ada</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Boise, Idaho.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Dec. 17. 1951.</u>	25c. NAME OF CEMETERY OR CREMATORIUM <u>Morris Hill Cemetery.</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>12-26-51</u>	REGISTRAR'S SIGNATURE <u>Neptile Palmer</u>	26. FUNERAL DIRECTOR <u>Schreiber-McGinn-Gibson-Boise</u>	ADDRESS <u>Daniel R. Johnson</u>



RECEIVED

DEC 13 1951

PHS-797(VS)

4-48

FEDERAL SECURITY
PUBLIC HEALTH SERVICEDIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

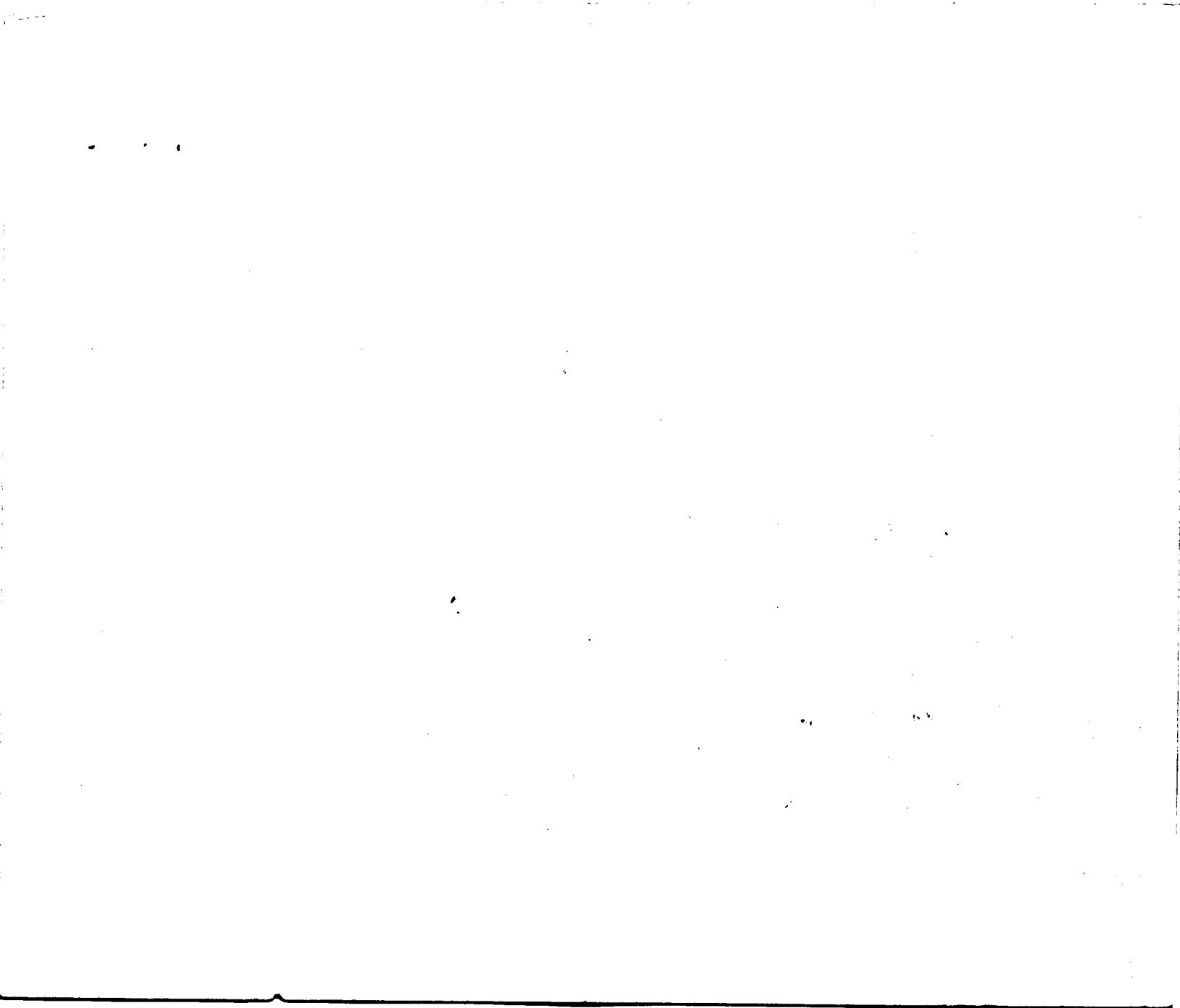
State of Idaho

State File No. 197

Local Reg. No. 1

Reg. Dist. No. 300

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Adams	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Council	b. COUNTY	Idaho
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	Council Community Hosp.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Riggins
d. STREET ADDRESS	(If rural, give location)		
3. CHILD'S NAME Mildred (Type or Print) INFANT DAUGHTER		Ellen Hall	
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) 12- (Day) 3- (Year) 1951
7. FATHER'S NAME	a. (First) Roy	b. (Middle) F.	c. (Last) Hall
8. COLOR OR RACE	White		
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) Salem, Ind.	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Circle "C" Ranch
12. MOTHER'S MAIDEN NAME	a. (First) Lela	b. (Middle)	c. (Last) Campbell
13. COLOR OR RACE	White		
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Council, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 720 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? —	
17. INFORMANT <i>X Roy J. Hall</i>	18a. LENGTH OF PREG. NANCY 36 WEEKS		
18b. WEIGHT AT BIRTH 10 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 17, 1951		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>uterus agens neonatorium</i> 20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Rh negative mother</i>	22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:35 p.m.	23a. ATTENDANT'S SIGNATURE <i>J. Edwards</i>		(Specify if M.D., midwife, or other)
	23c. ATTENDANT'S ADDRESS <i>Council Idaho</i>		23b. DATE SIGNED 12-6-51
	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>G. Dale Hansen</i>		TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) removal	25b. DATE 12-3-51	25c. NAME OF CEMETERY OR CREMATORIAL Riggins	25d. LOCATION (City, town, or county) (State) Riggins, Idaho
DATE REC'D BY LOCAL REG. 12-3-51	REGISTRAR'S SIGNATURE <i>J. Edwards</i>	26. FUNERAL DIRECTOR <i>G. Dale Hansen</i>	ADDRESS Werner, Id



RECEIVED
1 JAN 10 1952 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF STATISTICS State of Idaho

State File No. 198
Local Reg. No. 511
Reg. Dist. No. 5

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bannock	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township or town)	Pocatello	b. COUNTY	Bannock
c. FULL NAME OF HOSPITAL OR INSTITUTION	Bannock Memorial	c. CITY (If outside corporate limits, write RURAL and give township or town)	Lava Hot Springs
		d. STREET ADDRESS	(If rural, give location)
		Box 206	

3. CHILD'S NAME
(If Type or Print)
Baby Girl Hall

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	December 19 1951

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Terrell	Albert	Hall	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
39 YEARS	Lava Hot Springs, Idaho	Cashier	Lava Hot Springs State

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Helen	June	Moore	Bank White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
33 YEARS	Idaho Falls, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT	Helen Hall	Mother	None	None	None
---------------	------------	--------	------	------	------

18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
40 WEEKS	5 LBS. 6 OZS.	Approximate date <u>34.6</u>

20a. FETAL CAUSES	<i>Prolonged labor,</i>		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES		

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
<i>Prolonged, difficult labor</i>	<i>Caused forceps</i>

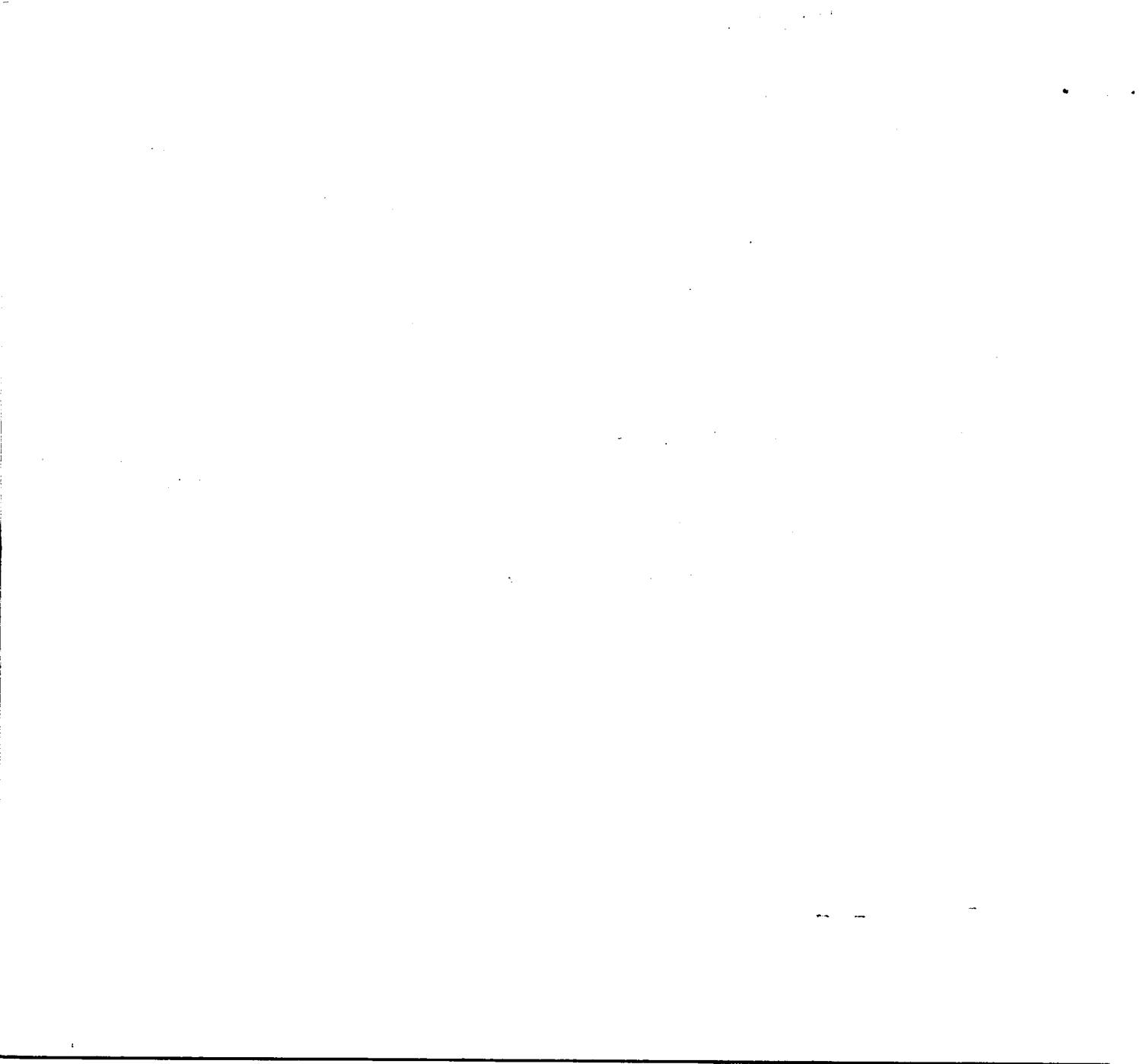
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>Jan. 9 1952</u> m.	23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife or other)	
--	----------------------------	--------------------------------------	--

23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
<i>Jesse Z. Powell</i>		<i>Jesse Z. Powell</i>	<i>Midwife</i>

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORIAL	25d. LOCATION (City, town, or county) (State)
Burial	12-22-51	Mountain View Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REG. DATE	26. FUNERAL DIRECTOR	ADDRESS
		<i>Carson W. Hall</i>	<i>Pocatello, Idaho</i>

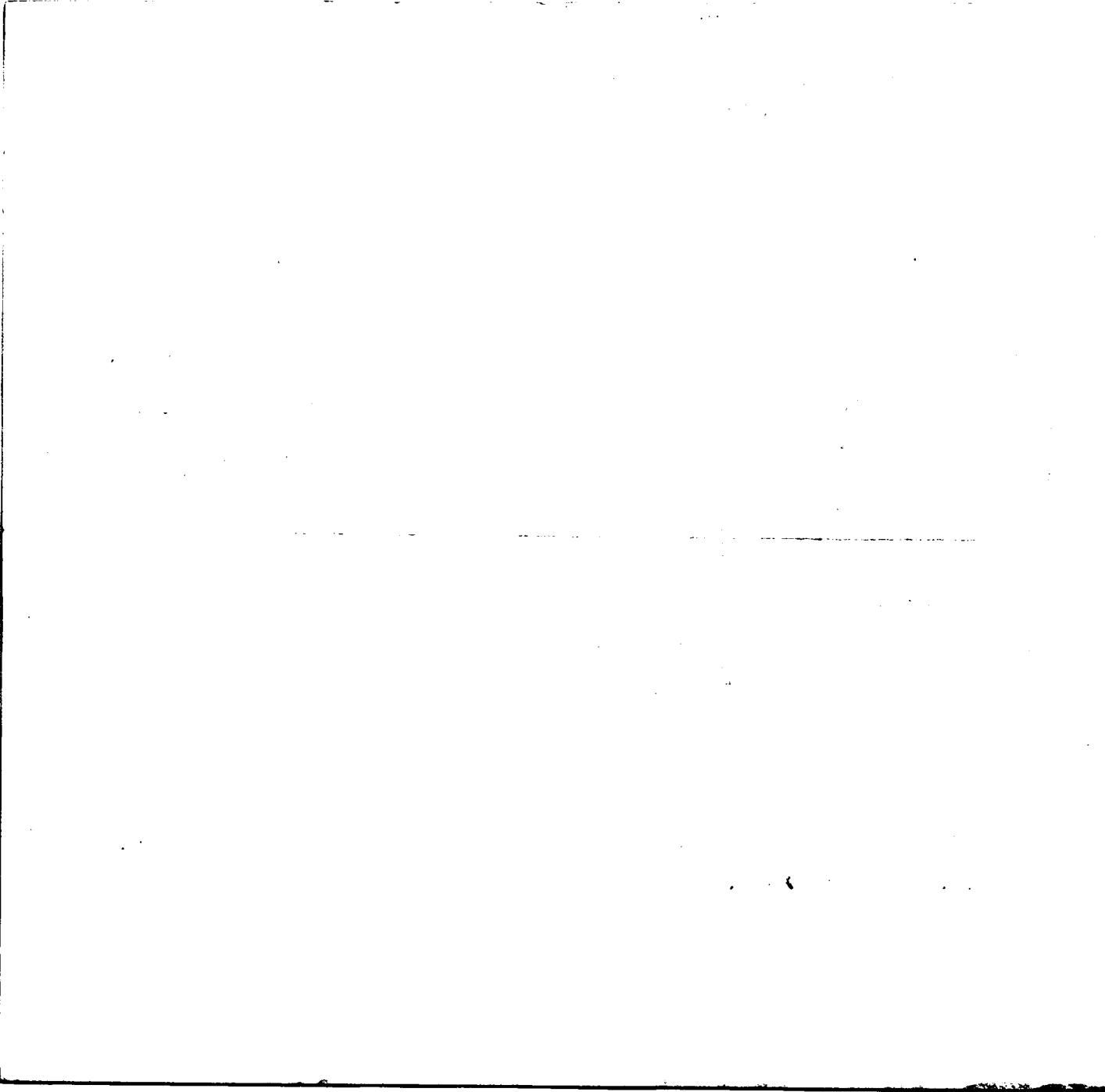
REG. DATE	REG. DATE	26. FUNERAL DIRECTOR	ADDRESS
<i>Jan. 9 1952</i>		<i>Jesse Z. Powell</i>	<i>Pocatello, Idaho</i>



RECEIVED
JAN C E R T I F I C A T E OF STILLBIRTH
DIVISION OF VITALS of Idaho

State File No. 510
Local Reg. No. 4
Reg. Dist. No. 4

1. PLACE OF STILLBIRTH		STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. COUNTY		Bannock		a. STATE Idaho			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		Pocatello		b. COUNTY Bannock			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		St. Anthony Mercy Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello			
d. STREET ADDRESS		(If rural, give location)		d. STREET ADDRESS			
		416 South 9th.					
3. CHILD'S NAME (Type or Print)							
Gary Banning							
4. SEX	5a. THIS BIRTH		5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF STILLBIRTH (Month) (Day) (Year)		
Male	SINGLE <input checked="" type="checkbox"/>	TWIN <input type="checkbox"/>	TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	12 19 51
7. FATHER'S NAME	a. (First)		b. (Middle)		c. (Last)		8. COLOR OR RACE
	Robert		Clair		Banning		white
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		
30 YEARS	Creston, Iowa		Real Estate Salesman		Town & Country Realty		
12. MOTHER'S MAIDEN NAME	a. (First)		b. (Middle)		c. (Last)		13. COLOR OR RACE
	Ethel		Mae		Compton		white
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)				
30 YEARS	Nampa, Idaho		a. How many children are now living?		b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT	Robert C. Banning father		2		0	0	
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH		19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date <u>Y 39.6</u>		
40 WEEKS	7 LBS. 7 OZS.						
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>not known</u>					
		20b. MATERNAL CAUSES <u>not known</u>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>				22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:58 a.m.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Ralph B. Neagle M.D.</u>		(Specify if M.D., midwife, or other)		23b. DATE SIGNED <u>12-21-55</u>	
		23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMA- TION REMOVAL (Specify)		25b. DATE <u>Dec 21 1955</u>		25c. NAME OF CEMETERY OR CREMATORIAL <u>Mountainview</u>		25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>	
DATE REC'D BY LOCAL REG. #		REGISTRAR'S SIGNATURE <u>Jesse J. Powell</u>		26. FUNERAL DIRECTOR <u>Byron B. Dawson</u>		ADDRESS	



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

200

Local Reg. No.

51

Reg. Dist. No.

410

DIVISION OF VITAL

1. PLACE OF STILLBIRTH

a. COUNTY

BLAINE

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

HAILEY

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

HAILEY CLINICAL

3. CHILD'S NAME

(Type or Print)

JACKIE FENDER

4. SEX

MALE

5a. THIS BIRTH

SINGLE



TWIN



TRIPLET



1ST



5b. IF TWIN OR TRIPLET (This child born)

2ND



3RD

6. DATE OF
STILLBIRTH

(Month)

(Day)

(Year)

12 - 3 - 51

7. FATHER'S
NAME

a. (First)

FRED

b. (Middle)

EARL

c. (Last)

FENDER

8. COLOR OR RACE

WHITE

9. AGE (At time of this birth)

18
YEARS

10. BIRTHPLACE (State or foreign country)

PUTMAN, OKLA,

11a. USUAL OCCUPATION

H.S. SENIOR,

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

CAROLE

b. (Middle)

A.

c. (Last)

REYNOLDS,

13. COLOR OR RACE

WHITE

14. AGE (At time of this birth)

18
YEARS

15. BIRTHPLACE (State or foreign country)

MACKAY IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children
are now living?

NONE

b. How many children were
born alive but are now dead?

NONE

c. How many OTHER
children were stillborn
(born dead after 20 weeks
pregnancy)?

NONE

17. INFORMANT

Ed Fender

Bellevue, Idaho

18a. LENGTH OF PREG-

NANCY
WEEKS

18b. WEIGHT AT BIRTH

LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes No

Approximate date

Sept. 27, 1951

y 36.0

20a. FETAL CAUSES

State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20b. MATERNAL CAUSES

Strangulation cond -

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

E.W. F. M.D. Specify if M. D., midwife, or other

23c. ATTENDANT'S ADDRESS

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

23b. DATE SIGNED

12/5/51

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

25b. DATE

12-3-51

25c. NAME OF CEMETERY OR CREMATORIAL

KETCHUM

25d. LOCATION (City, town, or county)
(State)

KETCHUM

IDAHO

DATE REC'D BY LOCAL
REG.

See - 10 - 1951

REGISTRAR'S SIGNATURE

Robert H. Wright - per

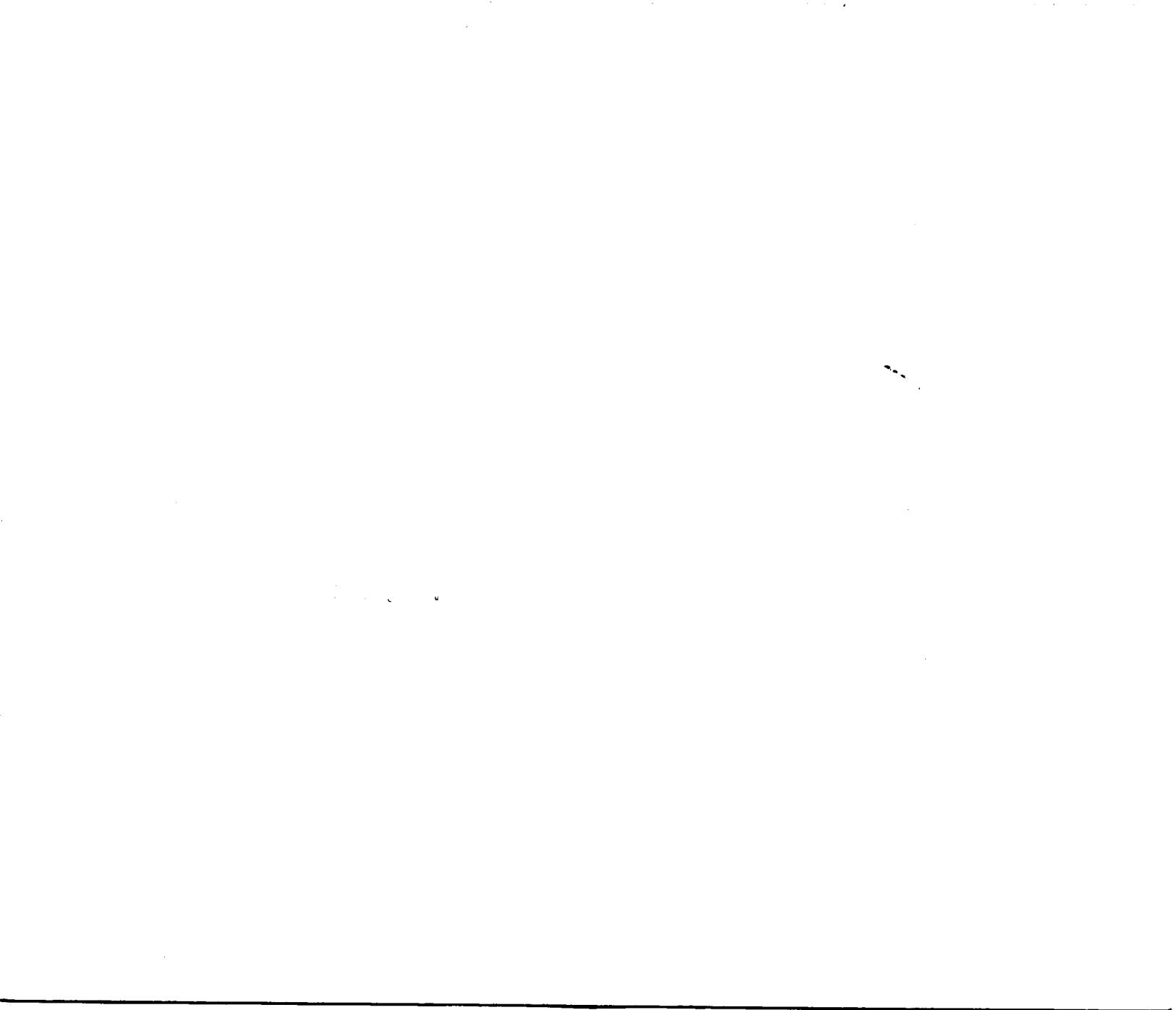
26. FUNERAL DIRECTOR

Oscar McGoldrick

ADDRESS

Hailey.

LeBron.



DEC 11 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 258

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH

a. COUNTY

Bonneville

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sacred Heart Hospital

3. CHILD'S NAME

(Type or Print)

Infant Gerrard

4. SEX

5a. THIS BIRTH

Female

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF (Month) (Day) (Year)

December 1, 1951

7. FATHER'S
NAME

a. (First)

Blaine

b. (Middle)

H

c. (Last)

Gerrard

8. COLOR OR RACE

White

9. AGE (At time of this birth)

21

YEARS

10. BIRTHPLACE (State or foreign country)

Idaho

11a. USUAL OCCUPATION

Route Driver

11b. KIND OF BUSINESS OR INDUSTRY

Laundry

12. MOTHER'S
MAIDEN
NAME

a. (First)

Vivian

b. (Middle)

Leona

c. (Last)

Jones

13. COLOR OR RACE

White

14. AGE (At time of this birth)

22

YEARS

15. BIRTHPLACE (State or foreign country)

Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many chil-
dren are now living?

none

b. How many children were
born alive but are now dead?

none

c. How many OTHER
children were stillborn
(born dead after 20 weeks
pregnancy)?

none

17. INFORMANT

Blaine H. Gerrard

18a. LENGTH OF PREG-

NANCY

WEEKS

18b. WEIGHT AT BIRTH

8

LBS. 14 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

y 30.2

20a. FETAL CAUSES

State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)Mukawa
Sequelae

20b. MATERNAL CAUSES

Severe

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at m.

23a. ATTENDANT'S SIGNATURE

D. R. Hall, M.D.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

Dec. 4, 1951

25c. NAME OF CEMETERY OR CREMATORIAL

Ucon Cemetery

25d. LOCATION (City, town, or county) (State)

Ucon, Idaho

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

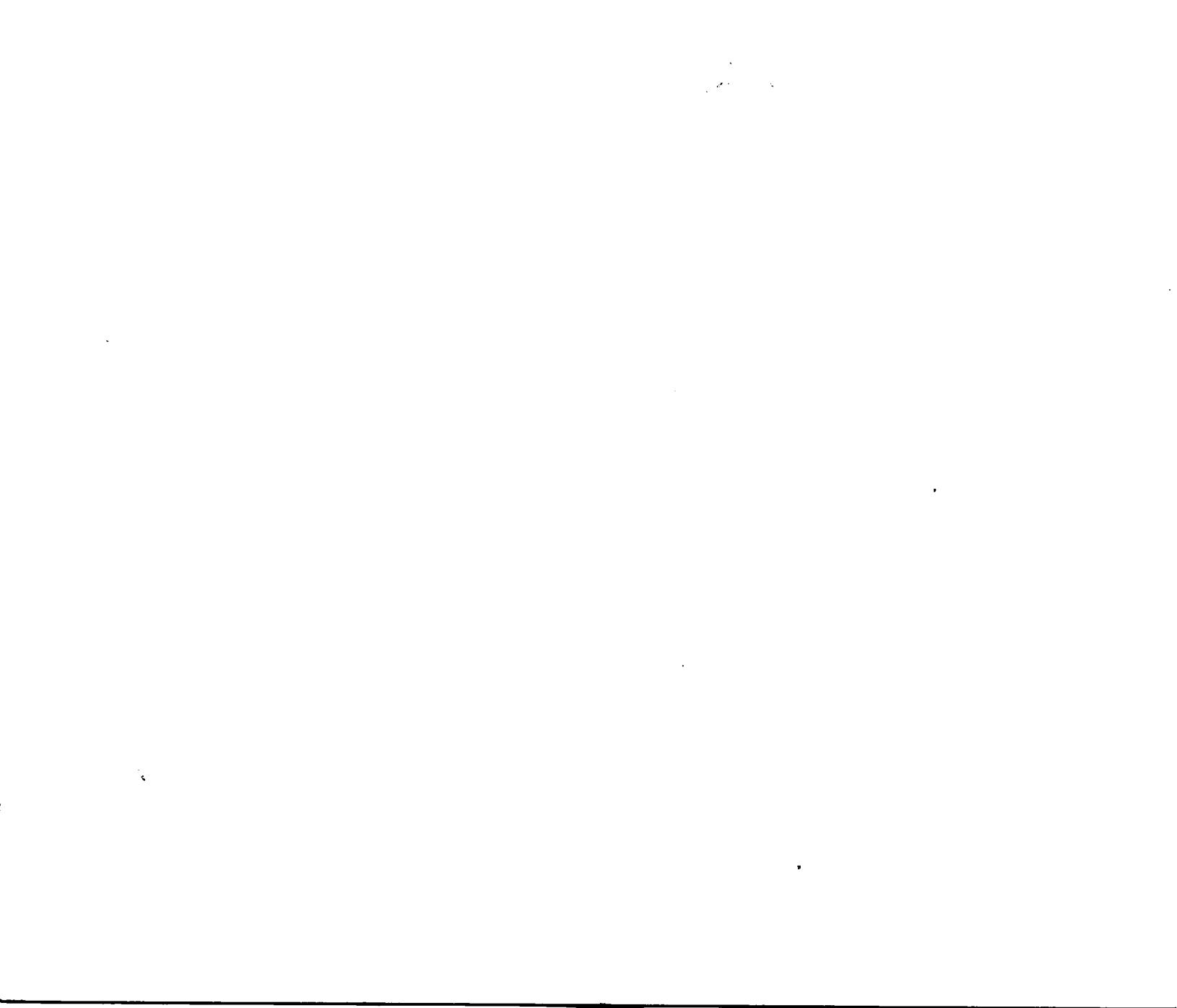
Anna Ridger

26. FUNERAL DIRECTOR

Ralph M. Hood

ADDRESS

Idaho Falls, Idaho



RECEIVED CERTIFICATE OF STILLBIRTH

JAN 25 1952

State of Idaho

State File No. 202

Local Reg. No. 2

Reg. Dist. No. 860

DIVISION OF VITALS

1. PLACE OF STILLBIRTH a. COUNTY 814 Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Caldwell

c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hosp

3. CHILD'S NAME
(Type or Print)

unnamed

4. SEX

Female

5a. THIS BIRTH

SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1ST 2ND 3RD

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Nov. 18-1951

7. FATHER'S NAME

a. (First)

Jay

b. (Middle)

J.

c. (Last)

Robertson

8. COLOR OR RACE

White

9. AGE (At time of this birth)

24 YEARS

10. BIRTHPLACE (State or foreign country)

Greendale, Idaho.

11a. USUAL OCCUPATION

Service Station

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Diana

b. (Middle)

Mae

c. (Last)

Kinney

13. COLOR OR RACE

White

14. AGE (At time of this birth)

21 YEARS

15. BIRTHPLACE (State or foreign country)

Caldwell, Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Mrs. J. J. Robertson.

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

18a. LENGTH OF PREGNANCY

21 WEEKS

18b. WEIGHT AT BIRTH

2 LBS. 9 OZS.

19. Was a standard serological test for syphilis performed? Yes No

7-25-51 Y35.1

Approximate date

20a. FETAL CAUSES

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)Automobile accident 11-17-51
mother was thrown out of car-

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

Elizabeth J. Munro MD

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

1/8/52

TITLE

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

Nov. 19-1951

25c. NAME OF CEMETERY OR CREMATORIAL

Canyon View Cemetery, Caldwell, Idaho

25d. LOCATION (City, town, or county) (State)

ADDRESS

DATE REC'D BY LOCAL REG.

1/14/52

REGISTRAR'S SIGNATURE

Agnes M. Denman

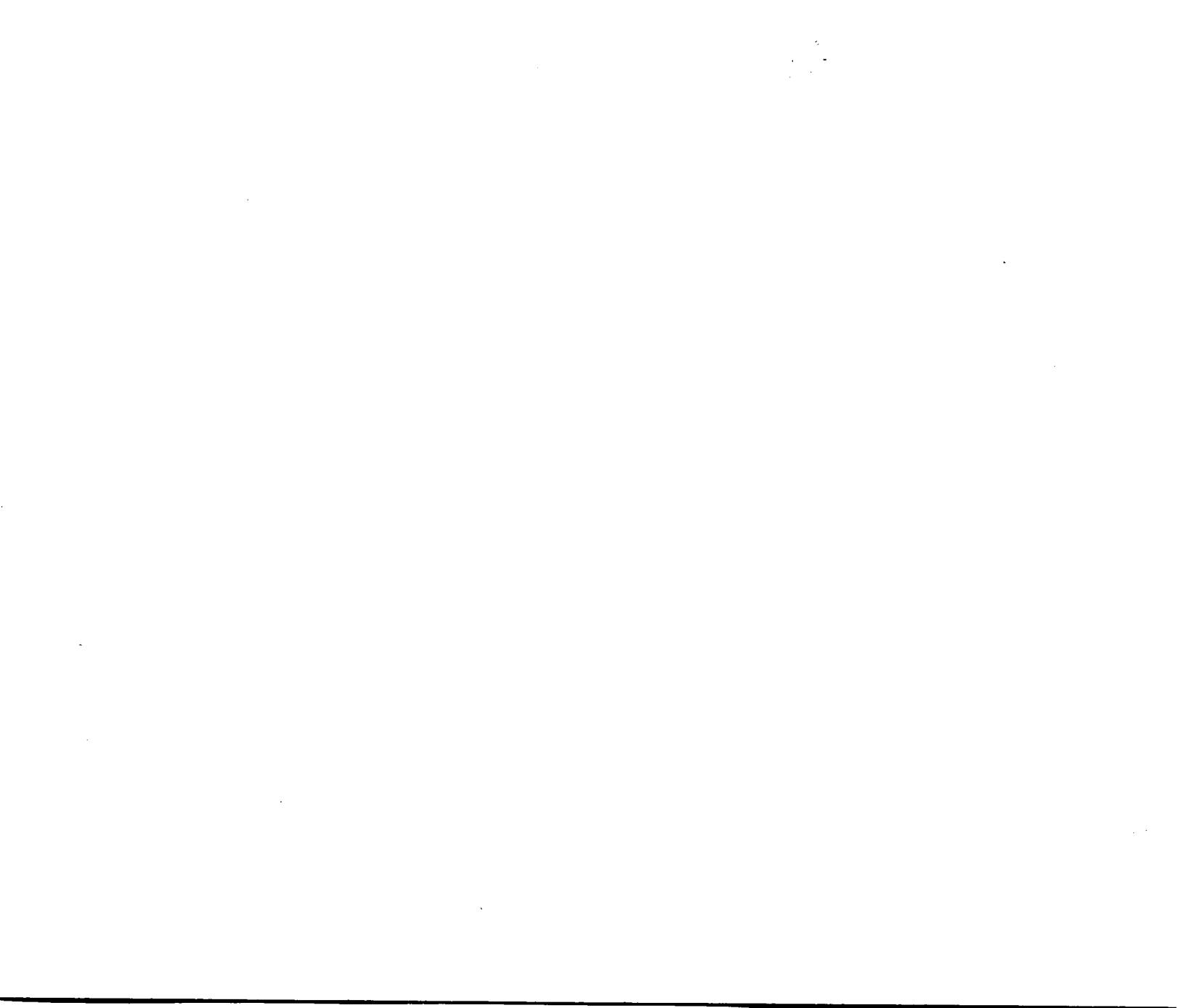
26. FUNERAL DIRECTOR

J. J. Robertson

ADDRESS

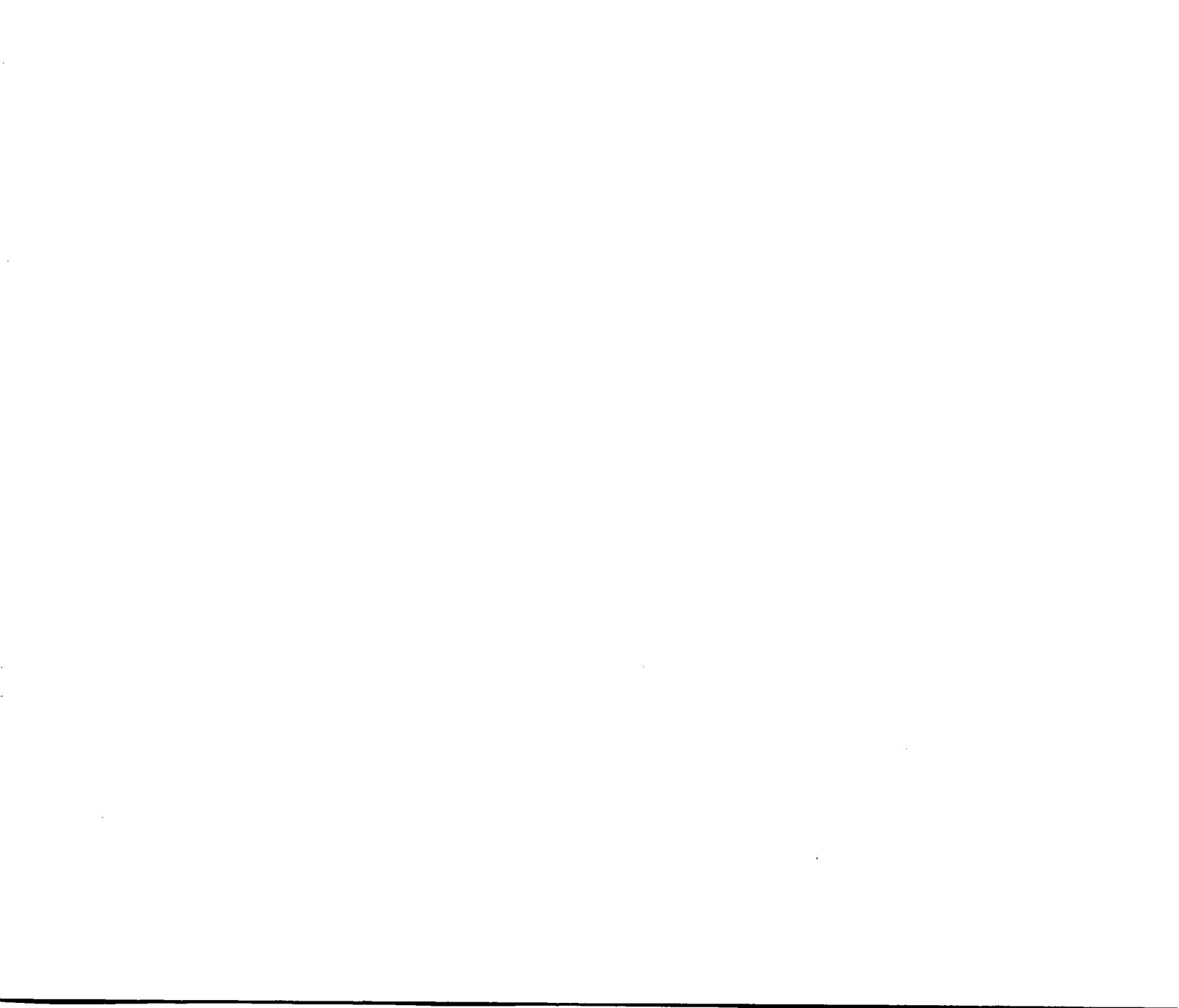
Peckham-Dakan Chapel

Caldwell, Idaho



REC'D (1949 Revision of Standard Certificate)
DEC 18 1951 CERTIFICATE OF STILLBIRTH
State of IdahoState File No. 73
Local Reg. No. 79
Reg. Dist. No. 860

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location) R # 2	
3. CHILD'S NAME (Type or Print)			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 4 - 1951
7. FATHER'S NAME Sherman	a. (First) Sherman	b. (Middle) Arthur	c. (Last) Robey
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Bates Co., Missouri	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Unemployed At present
12. MOTHER'S MAIDEN NAME Velma	a. (First) Velma	b. (Middle) Florence	c. (Last) Hite
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Lake Worth, Florida	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Mrs. Sherman Robey.	18a. LENGTH OF PREG- NANCY 40 WEEKS 18b. WEIGHT AT BIRTH LBS. OZS. Approximate date Oct. 30, 1951		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	19 Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Promoted by deposition of placenta Att antibodies 736.2		
20a. FETAL CAUSES Promoted by deposition of placenta	20b. MATERNAL CAUSES Att antibodies		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
23a. ATTENDANT'S SIGNATURE J. Sherman		(Specify if M.D., midwife, or other)	
23b. ATTENDANT'S ADDRESS Cadwell, Idaho		23c. DATE SIGNED 12-6-51	
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE		25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	
		25b. DATE Dec. 4-1951	
25c. NAME OF CEMETERY OR CREMATORIAL Canyon Hill		25d. LOCATION (City, town, or county) (State) Caldwell, Idaho	
DATE REC'D BY LOCAL REG. 12/8/51		26. FUNERAL DIRECTOR Peckham-Dakar Chapel	
REGISTRAR'S SIGNATURE Agnes Malerman		Caldwell, Idaho	



RECEIVED CERTIFICATE OF STILLBIRTH

JAN 7 1952

State of Idaho

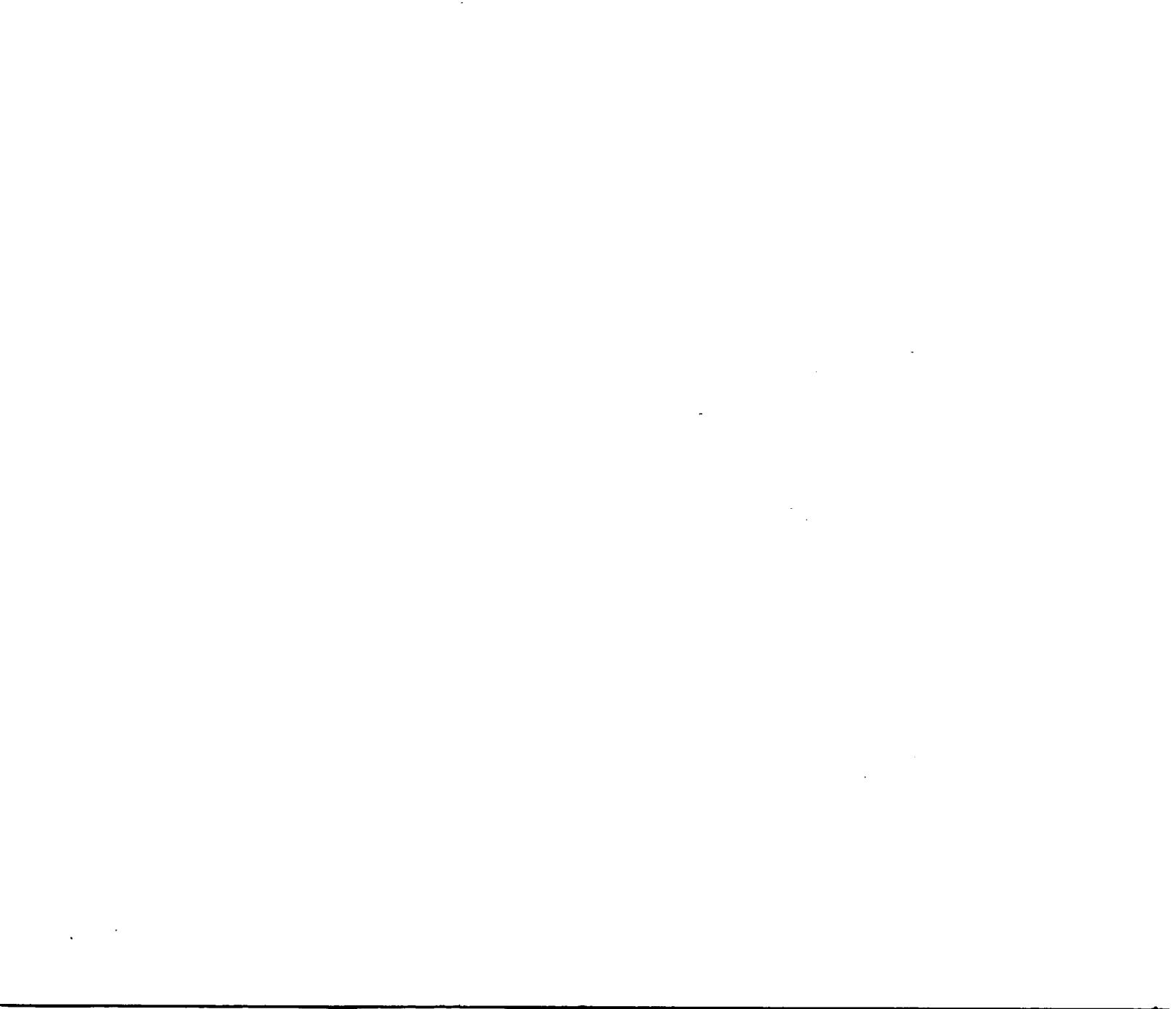
State File No.

Local Reg. No.

Reg. Dist. No.

104

1. PLACE OF STILLBIRTH		DIVISION OF VITAL		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Gooding		a. STATE	Idaho	
b. CITY (If outside corporate limits, write RURAL and give township or town)	Gooding		b. COUNTY	Lincoln	
c. FULL NAME OF HOSPITAL OR INSTITUTION	Gooding Memorial		c. CITY (If outside corporate limits, write RURAL and give township or town)	Richfield	
3. CHILD'S NAME (Type or Print)	Ted Wayne		d. STREET ADDRESS	(If rural, give location)	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH	(Month) (Day) (Year)	
M	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	July - 16 - 1951		
7. FATHER'S NAME	a. (First) Benjamin		b. (Middle) Haulrich	c. (Last)	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
36 YEARS	Coleman Calif.	Farmer		Farm	
12. MOTHER'S MAIDEN NAME	a. (First) Dorothy B.		b. (Middle) Haulrich	13. COLOR OR RACE	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
36 YEARS	Salt Lake - Utah	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT	Benjamin Haulrich		3	-	-
18a. LENGTH OF PREG. NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 1-20-51			
35					
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Abnormal placenta Malpresentation - hand prolapsed</i> 20.2				
	20b. MATERNAL CAUSES <i>abruptio placenta</i>				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <i>Manual correction of hand</i>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:45 P.M.		23a. ATTENDANT'S SIGNATURE <i>R. H. Haulrich M.D.</i>		(Specify if M.D., midwife, or other)	
		23b. DATE SIGNED 7-26-57			
DATE REC'D BY LOCAL REG.		23c. ATTENDANT'S ADDRESS <i>Shoshone Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Myrtle C. Burdett</i>	TITLE <i>Shoshone, Idaho</i>
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE 6-18-51	25c. NAME OF CEMETERY OR CREMATORIAL Richfield	25d. LOCATION (City, town, or county) (State) Richfield - Idaho	
Burial					
DATE REC'D BY LOCAL REG. 1-5-52		REGISTRAR'S SIGNATURE <i>J. H. Cromwell</i>		26. FUNERAL DIRECTOR ADDRESS <i>Myrtle C. Burdett Shoshone, Idaho</i>	



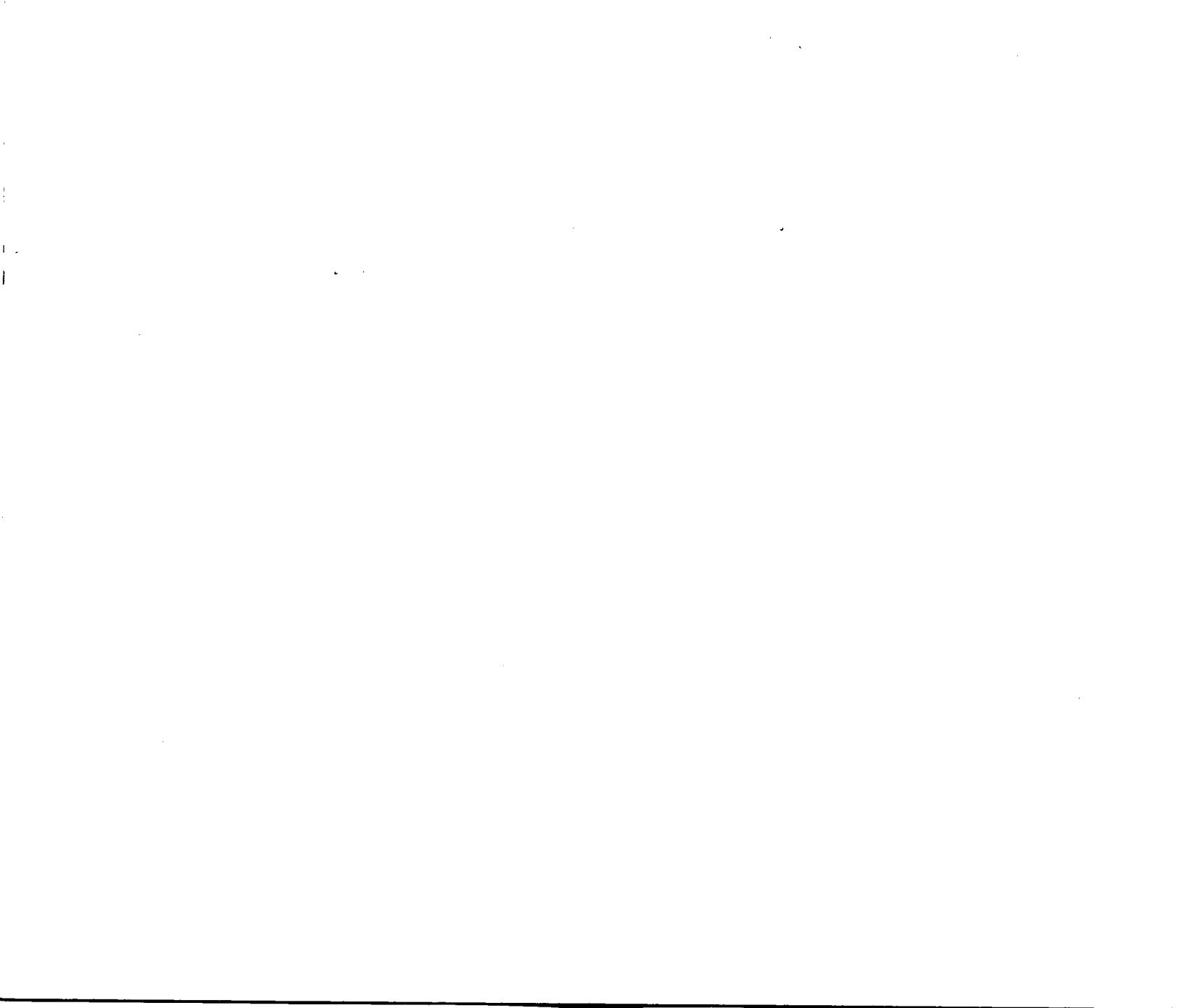
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATE OF IDAHO

State File No. 245

Local Reg. No. 312

Reg. Dist. No. 621

1. PLACE OF STILLBIRTH a. COUNTY GOODING		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gooding	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WENDELL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wendell	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. VALENTINE HOSP.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) KENNETH BABY (H.O. CHRISTIANSEN)			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 12/9/1951
7. FATHER'S NAME Howard	a. (First) O	b. (Middle)	c. (Last) Christiansen
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Iowa	11a. USUAL OCCUPATION Implement	11b. KIND OF BUSINESS OR INDUSTRY Business
12. MOTHER'S MAIDEN NAME Elma Jean	a. (First) Nielsen	b. (Middle)	c. (Last)
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Fairfield Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? one b. How many children were born alive but are now dead? one c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT ✓ Son of deceased father	18a. LENGTH OF PREGNANCY 28 WEEKS		
18b. WEIGHT AT BIRTH 4 LBS. 3 OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... y 36.2	
20a. FETAL CAUSES		20b. MATERNAL CAUSES Abruptyo Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Severe Hemorrhage at 7 mo.		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean (Emergency)	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:14 p.m.		23a. ATTENDANT'S SIGNATURE Harold F. Halsinger M.D.	
		(Specify if M. D., midwife, or other) 23b. DATE SIGNED 12-11-51	
23c. ATTENDANT'S ADDRESS Wendell Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		25b. DATE 12/11/1951	
DATE REC'D BY LOCAL REG. Dec. 11/51		25c. NAME OF CEMETERY OR CREMATORIAL Wendell	
REGISTRAR'S SIGNATURE Sister M. Rose, OSB		26. FUNERAL DIRECTOR J. Farwell Weaver	
		ADDRESS Wendell Idaho	



DEC 31 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

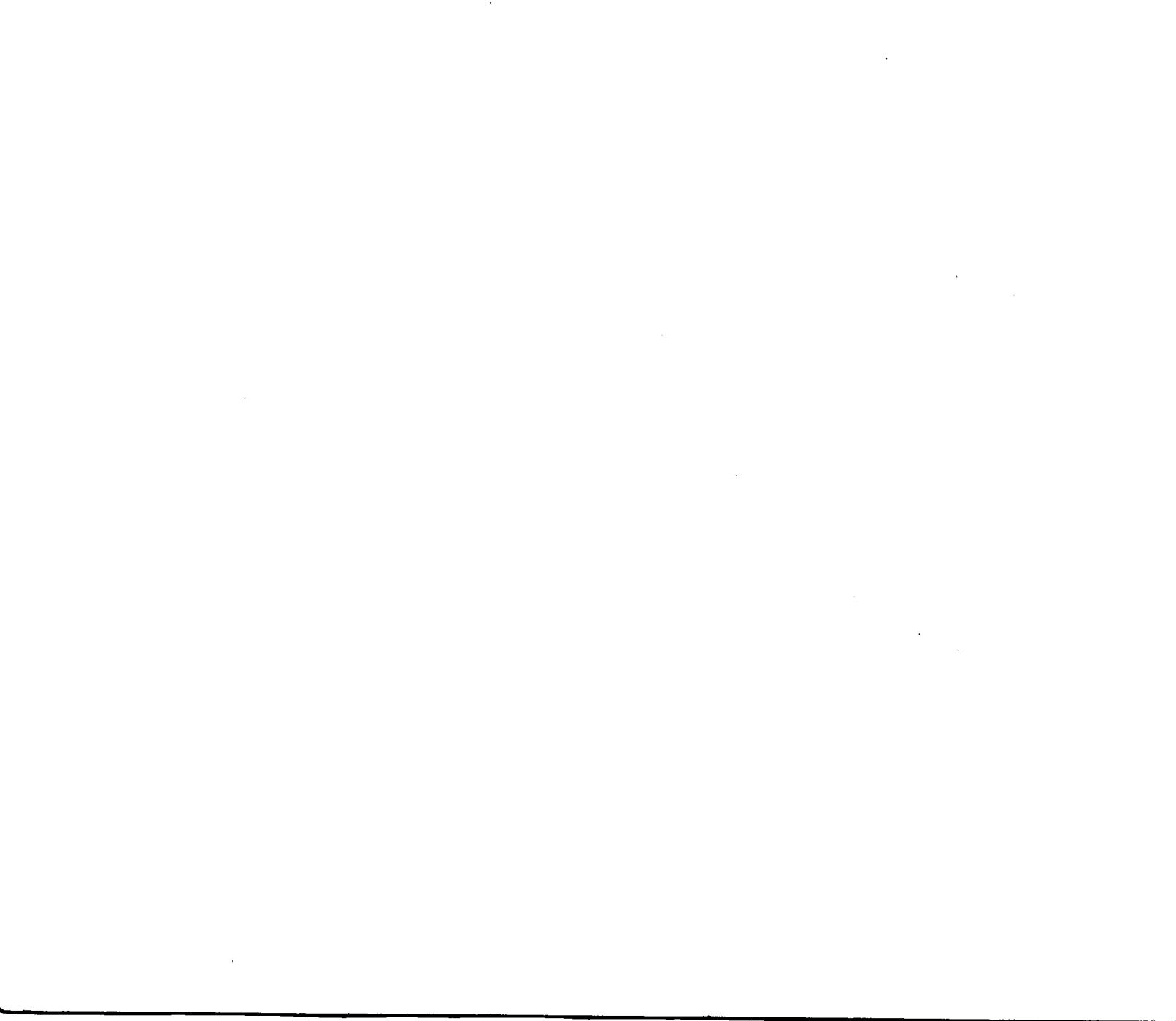
State of Idaho

State File No. 296

Local Reg. No. 346

Reg. Dist. No. 421

1. PLACE OF STILLBIRTH a. COUNTY Gooding		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jerome	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wendell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt 2 Jerome	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Valentines		d. STREET ADDRESS (If rural, give location) Rt 2	
3. CHILD'S NAME (Type or Print) Carlene Mae Vining			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) Dec 22 1951
7. FATHER'S NAME a. (First) Charles	b. (Middle) Arnold	c. (Last) Vining	8. COLOR OR RACE White
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Jerome Idaho	11a. USUAL OCCUPATION Famer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Anna	b. (Middle) Mae	c. (Last) Burks	13. COLOR OR RACE White
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Jerome Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Charles Vining	18a. LENGTH OF PREG. NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date July 1951 136.5
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Cord around neck.</i>		
	20b. MATERNAL CAUSES <i>placental infarct to portion of placenta nourishing preterm accelerated twin</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 7 week premature twins	22. STATE ALL OPERATIONS FOR DELIVERY O		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:47 a.m.	23a. ATTENDANT'S SIGNATURE <i>James E. Sloat M.D.</i>	(Specify if M. D., midwife, or other)	
	23c. ATTENDANT'S ADDRESS <i>1010 1/2 Main Street Jerome</i>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL James E. Sloat M.D.
25a. BURIAL CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec 24.51	25c. NAME OF CEMETERY OR CREMATORIAL Jerome	25d. LOCATION (City, town, or county) (State) Jerome Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Lester M. Parsons, Jor. W. Wiley</i>	26. FUNERAL DIRECTOR Jerome Idaho	ADDRESS



RECEIVED

PHS-797(VS)

4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
STATION 106

DEC 13 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

207

Local Reg. No.

977

Reg. Dist. No.

460

1. PLACE OF STILLBIRTH

a. COUNTY Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Twin Fallsc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Magic Valley Mem. Hospital**3. CHILD'S NAME**

(Type or Print)

CHARLES ALLEN REQUA

4. SEX

5a. THIS BIRTH

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF (Month) (Day) (Year)

Male

SINGLE

TWIN

TRIPLET

1ST

2ND

3RD

STILLBIRTH

December 7, 1951

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Edward

C.

Requa

White

9. AGE (At time of this birth)

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

YEARS

Missouri

Store Manager

Own Business

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Betty

Marshall

Moore

White

14. AGE (At time of this birth)

15. BIRTHPLACE (State or foreign country)

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

YEARS

Kentucky

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT*Betty Marshall Requa*

18a. LENGTH OF PREG-

NANCY
WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19a.

Was a standard serological test for syphilis performed? Yes.....No.....
Approximate date

y 39. v

20a. FETAL CAUSES

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

Cerebral Anoxia

20b. MATERNAL CAUSES**21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR****22. STATE ALL OPERATIONS FOR DELIVERY**

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

12/7/51

23c. ATTENDANT'S ADDRESS

I am not attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

**25a. BURIAL, CREMA-
TION, REMOVAL (Specify)**

Burial

25b. DATE

12/10/51

26. NAME OF CEMETERY OR CREMATORIAL

Sunset Memorial Park

25d. LOCATION (City, town, or county) (State)

Twin Falls, Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

12-11-51

John L. Requa

White Mortuary
Twin Falls, Idaho

